

NOTE:

If amended pages are necessary, please submit the amended pages with changes highlighted in yellow, along with a signed and notarized Page 1. As a reminder, if any expense pages have changed, which result in a net increase or decrease to total expenses, please submit the necessary amended Pages 27, 35 and 36. If any depreciation and/or amortization expenses have changed, please submit the corresponding Page 23 or 24 along

	A	B	C	D	E	F	G	H	I
355		27	Prescription Drugs	193,880	193,880			20	5a2
356		28	Ambulance/Limousine	16,844	16,844			16	L1
357		29	X-rays, etc.	15,472	15,472			20	h
358		30	Laboratory	15,912	15,912			20	f
359		31	Medical Supplies	0					
360		32	Oxygen (not emergency)	22,023	22,023			20	5e2
361		33	Occupational Therapy	0					
362		34	Other Ancillary Costs	Page 29 Schedule 1,848	21,848	-	-		
363		Page 22 - Maintenance and Property							
364		35	Excess Movable Equipment Depreciation	Page 29 Schedule 0	-	-	-		
365		36	Depreciation on Unallowable Motor Vehicles	0					
366		37	Unallowable Property and Real Estate Taxes	0					
367		38	Rental of Building Space or Rooms	0					
368		39	Other Property Costs	Page 29 Schedule 0	-	-	-		
369		Page 27 - Insurance							
370		40	Mortgage Insurance	0					
371		41	Property Insurance	0					
372		Other - Miscellaneous							
373		42	Research or Experimental Activities	0					
374		43	Radio and Television Revenue	0					
375		44	Vending Machine Revenue	0					
376		45	Purchase Discounts and Allowances	0					
377		46	Duplication of functions or services	0					
378		47	Expenditures for protection, promotion of provider interest	0					
379		48	Interest Income on Account Rec.	0					
380		49	Other Adjustments to Expense	Page 29 Schedule 3,385	3,385	-	-		
381		Not For Profit Providers Only							
382		50	Building/Non Movable Eq. Depreciation Unallowable Build Int	0	-	-	-		
383				Page 29 Schedule					
384		51	Total Amount of Decrease	542,984	542,984	0	0		
385									

Page 29

Page 30

Line #	Description	Total	CCNH	RHNS	(Specify)
387	Resident Room, Board & Routine Care Revenue				
388	I1a Medicaid Residents (CT Only)	2,941,198	2,941,198		
389	I1b Medicaid Room and Board Contractual Allowance	0			
390	I2a Medicaid (All Other States)	0			
391	I2b Other States Room and Board Contractual Allowance	0			
392	I3a Medicare Residents (all inclusive)	1,094,893	1,094,893		
393	I3b Medicare Room and Board Contractual Allowance	451,536	451,536		
394	I4a Private-Pay Residents and Other	1,089,386	1,089,386		
395	I4b Private-Pay Room and Board Contractual Allowance	0			
396	Other Resident Revenue				
397	II1a Prescription Drugs - Medicare	136,879	136,879		
398	II1b Prescription Drugs - Medicare Contractual Allowance	(136,879)	(136,879)		
399	II1c Prescription Drugs - Non-Medicare	44,979	44,979		
400	II1d Prescription Drugs - Non-Medicare Contractual Allowance	(44,979)	(44,979)		
401	II2a Medical Supplies - Medicare	0			
402	II2b Medical Supplies - Medicare Contractual Allowance	0			
403	II2c Medical Supplies - Non-Medicare	0			
404	II2d Medical Supplies - Non-Medicare Contractual Allowance	0			
405	II3a Physical Therapy - Medicare	366,419	366,419		
406	II3b Physical Therapy - Medicare Contractual Allowance	(269,394)	(269,394)		
407	II3c Physical Therapy - Non-Medicare	64,365	64,365		
408	II3d Physical Therapy - Non-Medicare Contractual Allowance	(63,420)	(63,420)		
409	II4a Speech Therapy - Medicare	32,761	32,761		
410	II4b Speech Therapy - Medicare Contractual Allowance	(21,474)	(21,474)		
411	II4c Speech Therapy - Non-Medicare	3,960	3,960		
412	II4d Speech Therapy - Non-Medicare Contractual Allowance	(3,960)	(3,960)		
413	II5a Occupational Therapy - Medicare	365,763	365,763		
414	II5b Occupational Therapy - Medicare Contractual Allowance	(308,696)	(308,696)		
415	II5c Occupational Therapy - Non-Medicare	76,950	76,950		
416	II5d Occupational Therapy - Non-Medicare Contractual Allowance	(76,950)	(76,950)		
417	II6a Other (Specify) - Medicare	0	-	-	-
418	II6b Other (Specify) - Non-Medicare	0	-	-	-
419	III Total Resident Revenue	5,743,337	5,743,337	0	0
420	Other Revenue				
421	IV1 Meals sold to guests, employees & others	0	0		
422	IV2 Rental of rooms to non-residents	0			
423	IV3 Telephone and Telegraph	0			
424	IV4 Rental of Televisions and Cable Services	0			
425	IV5 Interest Income (Specify)	0	-	-	-
426	IV6 Private Duty Nurses' Fees	0			
427	IV7 Barber, Coffee, Beauty & Gift shops	0			
428	IV8 Other (Specify)	579	579	-	-
429	See Attached Schedule				
430	V Total Other Revenue	579	579	0	0
431	30 VI Total All Revenue	5,743,916	5,743,916	0	0

	B	C	D	E	F	G
46	7A	Physical Therapy - Medicare Part B	3,349	3,349		
47	7B1	Maintenance Treatments	0			
48	7B2	Restorative Treatments	0			
49	7C	Physical Therapy - Other	8,959	8,959		
50	7D	Total Physical Therapy Treatments	12,308	12,308	0	0
51	8A	Speech Therapy - Medicare Part B	303	303		
52	8B1	Maintenance Treatments	0			
53	8B2	Restorative Treatments	0			
54	8C	Speech Therapy - Other	513	513		
55	8D	Total Speech Therapy Treatments	816	816	0	0
56	9A	Occupational Therapy - Medicare Part B	1,532	1,532		
57	9B1	Maintenance Treatments	0			
58	9B2	Restorative Treatments	0			
59	9C	Occupational Therapy - Other	8,306	8,306		
60	9D	Total Occupational Therapy Treatments	9,838	9,838	0	0
61						

Line #

Please fill out the following information for all Operators/Owners, Administrators, Assistant Administrators and other relatives of Owners employed in and paid by facility.

Page 11 & 12

Section I-
Operators/Owners

Name	CCNH	RHNS	(Specify)	Total Hours Worked	Line Where Claimed on Page 10	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received

Section II-Other
Related Parties

Section III-
Administrators

Lisa Ryan	93,886			2,120	A 2		Administrator 10/1/15 - 9/30/16			

Section IV- Assistant
Administrators

List all contracted services - not just those you consider pertain to resident care.

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Name of Individual/Company	Address	Related to Owner		Explanation of Relationship	Full Explanation of Services Provided	Total Cost/Page Ref.					
		Operators, Officers				CCNH	RHNS	(Specify)	Page	Line	
CWPM	25 Norton Place Plainville CT	<input type="radio"/> Yes	<input checked="" type="radio"/> No		Refuse removal	14,711				22	6 f
Middletown Laundry LLC	644 Wallingford Rd Durham CT	<input type="radio"/> Yes	<input checked="" type="radio"/> No		Laundry service	18,375				19	3a4b
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								
		<input type="radio"/> Yes	<input type="radio"/> No								

Please fill in the Depreciation Schedule as follows:

Asset Addition Schedule

	Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
A1 Land Improvements - Acquired prior to report period							
A2 Land Improvements - Disposals	-						-
A3 Land Improvements - Acquired during this report period (attach schedule)							-
B1 Building Improvements - Acquired prior to this report period							
B2 Building Improvements - Disposals	-						-
B3 Building Improvements - Acquired during this report period (attach schedule)							-
C1 Non-Movable Equipment - Acquired prior to this report period	49,727		49,727	45,499	S/L	var	1,061
C2 Non-Movable Equipment - Disposals	-						-
C3 Non-Movable Equipment - Acquired during this report period (attach schedule)							-

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
	Yes	No	Month	Year							
	D1a 1994 van	x		12							
D1b											
D1c											
D1d											
D2a Movable Equipment - Acquired prior to this report period					442,011		442,011	354,257	S/L	var	21,314
D2b Disposals					-						-
D2c Movable Equipment - Acquired during this report period (attach schedule)					19,238		19,238		S/L	var	1,166

Please fill in the Amortization Schedule as follows:

	Date of Acquisition		Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
	Month	Year						
	A1 Organization Expense							
A2								
A3								
B1 Mortgage Expense								
B2								
B3								
C1 Leasehold Improvements and Other - Acquired prior to this report period				1,052,684	719,322	A	45,850	
C2 Leasehold Improvements and Other - Disposals				-			-	
C3 Leasehold Improvements and Other - Acquired during this report period (attach schedule)				8,131.52		A	1,001	

	A	B	C	D	E
1	Line #		Description	Subtotal	Total
2			<i>Current Assets</i>		
3	A1		Cash (on hand and in banks)		1,327
4	A2		Resident Accounts Receivable		454,519
5	A3		Other Accounts Receivable		
6	A4		Inventories		9,348
7	A5		Prepaid Expenses (itemize)		21,547
8	a		Prepaid Insurance	0	
9	b		Prepaid Property Tax	21,547	
10	c		Other Prepaid Expenses	0	
11	d				
12	A6		Interest Receivable		
13	A7		Medicare Final Settlement Receivable		
14	A8		Other Current Assets (itemize)		7,850
15			Due Affiliate (Debit Balance)		
16			Employee Withholding (HCRA/DCRA)	7,850	
17					
18					
19	A9		Total Current Assets (Lines A1 thru 8)		494,591
20					
21			<i>Fixed Assets</i>		
22	B1		Land		0
23	B2		Land Improvements		0
24			Historical Cost		
25			Accumulated Depreciation		
26	B3		Buildings		0
27			Historical Cost		
28			Accumulated Depreciation		
29	B4		Leasehold Improvements		294,642
30			Historical Cost	1,060,815	
31			Accumulated Depreciation	766,173	
32	B5		Non-Movable Equipment		3,168
33			Historical Cost	49,727	
34			Accumulated Depreciation	46,559	
35	B6		Movable Equipment		84,512
36			Historical Cost	461,249	
37			Accumulated Depreciation	376,737	
38	B7		Motor Vehicles		0
39			Historical Cost	1,045	
40			Accumulated Depreciation	1,045	
41	B8		Minor Equipment-Not Depreciable		
42	B9		Other Fixed Assets (itemize)		0
43			Fixed Asset Clearing Account	0	
44			Construction in Progress	0	
45	B10		Total Fixed Assets (Lines B1 thru 9)		382,322
46			Total Brought Forward		876,913
47			<i>Leasehold or like property recorded for Equity Purposes</i>		
48	C1		Land		0
49	C2		Land Improvements		0
50			Historical Cost		
51			Accumulated Depreciation		
52	C3		Buildings		0
53			Historical Cost		
54			Accumulated Depreciation		
55	C4		Non-Movable Equipment		0
56			Historical Cost		
57			Accumulated Depreciation		
58	C5		Movable Equipment		0
59			Historical Cost		
60			Accumulated Depreciation		
61	C6		Motor Vehicles		0
62			Historical Cost		
63			Accumulated Depreciation		
64	C7		Minor Equipment -Not Depreciable		
65	C8		Total Leasehold or Like Properties (C1 thru 7)		0
66					
67			<i>Investment and Other Assets</i>		
68	D1		Deferred Deposits		
69	D2		Escrow Deposits		

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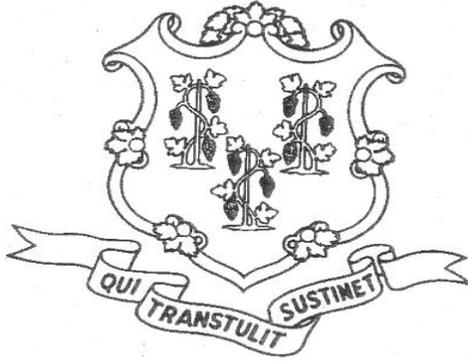
	A	B	C	D	E
70		D3	Organization Expense		0
71			Historical Cost		
72			Accumulated Depreciation		
73		D4	Goodwill		0
74		D5	Investments Related to Resident Care		0
75					
76					
77		D6	Loans to Owners or Related Parties		0
78			Name and Address		
79			Amount		
80			Loan Date		
81					
82		D7	Other Assets		0
83			Loans Rec. - Officers/Owner	0	
84			Capitalized Refinance Expense	0	
85			Leasehold Deposits	0	
86		D8	Total Investments and Other Assets (Lines D1 thru 7)		0
87		D9	Total All Assets (Lines A9 + B10 + C8 + D8)		876,913
88					
89			<i>Current Liabilities</i>		
90		A1	Trade Accounts Payable		208,466
91		A2	Notes Payable (itemize)		0
92					
93					
94					
95					
96		A3	Loans Payable for Equipment		0
97			Name of Lender		
98			Purpose		
99			Amount		
100			Date Due		
101					
102			Name of Lender		
103			Purpose		
104			Amount		
105			Date Due		
106					
107		A4	Accrued Payroll (<i>Exclusive of Owners & Stockholders</i>)		82,072
108		A5	Accrued Payroll (<i>Owners & Stockholders only</i>)		
109		A6	Accrued Payroll Taxes Payable		23,959
110		A7	Medicare Final Settlement Payable		
111		A8	Medicare Current Financing Payable		
112		A9	Mortgage Payable		
113		A10	Interest Payable		
114		A11	Accrued Income Taxes		
115		A12	Other Current Liabilities (itemize)		4,288,269
116			Accrued PTO	122,407	
117			Accrued Pension	2,078	
118			Accrued Worker's Comp	78,411	
119			Accrued Expense Other	84,467	
120			Accrued Professional Fee	3,414	
121			Payroll W/H	5,202	
122			Due Affiliate (Credit Balance)	3,989,657	
123			Exchange - Donations	2,633	
124		A13	Total Current Liabilities Lines A1 thru 12)		4,602,766
125			Total Brought Forward		4,602,766
126			<i>Long-Term Liabilities</i>		
127		B1	Loans Payable-Equipment		
128			Name of Lender		
129			Purpose		
130			Amount		
131			Date Due		
132					
133			Name of Lender		
134			Purpose		
135			Amount		
136			Date Due		
137					
138		B2	Mortgages Payable		

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	A	B	C	D	E	
139	Page 34	B3	Loans from Owners or Related Parties		437,005	
140			Name and Address of Lender	Brian J. Foley		
141			Amount	437,005		
142			Loan Date	Demand		
143						
144			Name and Address of Lender			
145			Amount			
146			Loan Date			
147						
148			B4	Other Long-Term Liabilities (itemize)		0
149				Security Deposits	0	
150						
151						
152						
153		B5	Total Long-Term Liabilities (Lines B1 thru 4)		437,005	
154		C	Total All Liabilities (Lines A13 + B5)		5,039,771	
155						
156			<i>Reserves</i>			
157		A1	Reserve for value of leased land			
158		A2	Reserve for depreciation value of leased buildings and appurtenances to be amortized			
159		A3	Reserve for depreciation value of leased personal property (Equity)			
160		A4	Reserve for leasehold real properties on which fair rental value is based			
161		A5	Reserve for funds set aside as donor restricted			
162		A6	Total Reserves		0	
163			<i>Net Worth</i>			
164	Page 35	B1	Owner's Capital		615,110	
165		B2	Capital Stock		0	
166		B3	Paid-in Surplus			
167		B4	Treasury Stock			
168		B5	Cumulated Earnings		(4,760,862)	
169		B6	Gain or Loss for Period 10/1/2015 thru 09/30/2016		(17,105)	
170		B7	Total Net Worth		(4,162,858)	
171		C	Total Reserves and Net Worth		(4,162,858)	
172		D	Total Liabilities, Reserves, and Net Worth		876,913	
173						
174			A	Balance at End of Prior Period		(4,142,485)
175		B	Total Revenue		5,743,916	
176		C	Total Expenditures		5,761,021	
177		D	Net Income or Deficit		(17,105)	
178		E	Balance		(4,159,590)	
179		F1	Additional Capital Contributed (itemize)			
180						
181						
182						
183						
184		F2	Other (itemize)			
185						
186						
187						
188						
189		F3	Total Additions		0	
190	Page 36	G1	Drawings of Owners/Operators/Partners			
191			Name and Address	Brian Foley		
192			Title	President		
193			Amount	3,268		
194						
195			Name and Address			
196			Title			
197			Amount			
198			G2	Other Withdrawings		
199				Purpose		
200				Amount		
201						
202				Purpose		
203				Amount		
204		G3	Total Deductions		3,268	

	A	B	C	D	E
205		H	<i>Balance at End of Period</i>		(4,162,858)

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Apple Rehab Colchester	
Address (No. & Street, City, State, Zip Code) 36 Broadway Colchester CT 06415	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 1090 - C	RHNS	(Specify)	Medicare Provider 07-5231
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Medicaid Provider Numbers:	CCNH 10090	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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General Information

Name of Facility (as licensed) Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2016	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab Colchester [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Lisa Ryan			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Apple Rehab Colchester		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 36 Broadway Colchester CT 06415				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility		Report for Year Ended		Page	of
860-537-4606		9/30/2016		2	37
Name of Facility (as shown on license)			Address (No. & Street, City, State, Zip)		
Apple Rehab Colchester			36 Broadway Colchester CT 06415		
License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.	
	1090 - C			07-5231	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?					
			<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
Administrator					
Name of Administrator			Nursing Home Administrator's License No.:		
Lisa Ryan				1191	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Apple Rehab Colchester	36 Broadway Colchester CT 06415	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	300,000	300,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	305,984	305,984
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10/13 Schedule	50,220	50,220
Allstar Therapy	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	669,743	614,154
Corporate Employees	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	10,015	10,015
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	14,083	14,083
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	11,401	11,401
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	378,792	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	28,104	

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire
 Related Parties***

Name of Facility Apple Rehab Colchester		License No. 1090 - C	Report for Year Ended 9/30/2016		Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?					Yes x No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?					x Yes No	If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Aetna Ancillary	PO Box 88860 Chicago, IL	X			Group Life & Disability	Pg. 15 1a6	24,990	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	64,237	
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	52,152	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	2,880	2,716
Brendan Foley	21 Waterville Rd. Avon, CT		X			##		
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 ## Related expense has been disallowed on Pg. 28 Line 23

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

N/A

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility Apple Rehab Colchester			License No. 1090 - C			Report for Year Ended 9/30/2016		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input checked="" type="radio"/> Yes <input type="radio"/> No	Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 Blum Shapiro & Co. PC 2 Brazee & Huban 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main St. West Hartford, CT 06127 35 Wendell Avenue Pittsfield, MA 10202
--	--

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$	3,366
2 Preparation of tax returns	\$	1,035
3	\$	
4	\$	
Charge for Services Provided		
\$		4,401

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Jason DeGenarro 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Collections fee	\$	1,019
2	\$	
3	\$	
4	\$	
5	\$	
Charge for Services Provided		
\$		1,019

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 1e

Schedule of Resident Statistics

Name of Facility Apple Rehab Colchester			License No. 1090 - C			Report for Year Ended 9/30/2016				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	60	60			60	60			60	60		
B. On last day of THIS report period	60	60			60	60			60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	57	57			57	57			57	57		
B. As of midnight of THIS report period	49	49			49	49			49	49		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,926	2,926			2,334	2,334			592	592		
B. Medicaid (Conn.)	13,512	13,512			10,496	10,496			3,016	3,016		
C. Medicaid (other states)												
D. Private Pay	2,837	2,837			1,637	1,637			1,200	1,200		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	19,275	19,275			14,467	14,467			4,808	4,808		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	19,275	19,275			14,467	14,467			4,808	4,808		

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab Colchester			License No. 1090 - C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	(Specify)	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	6		32		11								
Per Diem Rate													
a. One bed rm.					411.00								
b. Two bed rms.	RUGS III		219.47		391.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										3,349	3,349		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										8,959	8,959		
D. Total Physical Therapy Treatments										12,308	12,308		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										303	303		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										513	513		
D. Total Speech Therapy Treatments										816	816		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										1,532	1,532		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										8,306	8,306		
D. Total Occupational Therapy Treatments										9,838	9,838		

Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	93,886	2,120				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	23,540	1,517				
5. Dietary Service						
a. Head Dietitian	4,707	154				
b. Food Service Supervisor	34,094	1,715				
c. Dietary Workers	162,155	12,588				
6. Housekeeping Service						
a. Head Housekeeper	43,281	2,017				
b. Other Housekeeping Workers	62,677	4,979				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	46,956	2,681				
8. Laundry Service						
a. Supervisor	39,958	2,050				
b. Other Laundry Workers	16,979	1,067				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	118,183	4,997				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	184,887	4,539				
b. RN						
1. Direct Care	745,571	22,718				
2. Administrative**	79,840	2,765				
c. LPN						
1. Direct Care	107,422	3,828				
2. Administrative**						
d. Aides and Attendants	644,532	42,437				
e. Physical Therapists	27,599	930				
f. Speech Therapists	2,127	57				
g. Occupational Therapists	12,910	381				
h. Recreation Workers	79,434	4,217				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	77,214	2,279				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,607,950	120,036				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility				License No.	Report for Year Ended				Page	of
Apple Rehab Colchester				1090 - C	9/30/2016				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Apple Rehab Colchester				1090 - C		9/30/2016			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Lisa Ryan	93,886				Administrator 10/1/15 - 9/30/16	2,120	A 2			
Section IV - Assistant Administrators										

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab Colchester	1090 - C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	6,408	51				
3. Pharmacist	8,952	89				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	208,678	3,077				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	18,000	79				
b. Utilization Review (Title 18 and 19 only) monthly meeting	600	6				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Other Physician Fees						
9. Speech Therapist						
a. Resident Care	26,618	204				
b. Other						
10. Occupational Therapist						
a. Resident Care	163,551	2,460				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	5,724	57				
B-13 Total Fees Paid in Lieu of Salaries	438,531	6,023				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

*** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Apple Rehab Colchester		License No. 1090 - C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Prohealth Physicians PO Box 150472 Hartford CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Catherine Hylwa 199 Old Hartford Rd Colchester CT	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
James Bucci 199 Old Hartford Rd Colchester CT	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental 25 Needham St Newton NA	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright 150 Cambridge Pd Dr Cambridge MA	Data Integrity Auditor	<input type="radio"/>	<input checked="" type="radio"/>		
Rightcare 110 Gibraltar Rd Horsham PA	Medical records consultant	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Colchester	1090 - C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 52,152	52,152			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 39,840	39,840			
4. Social Security (F.I.C.A.)	\$ 174,482	174,482			
5. Health Insurance	\$ 283,347	283,347			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 24,990	24,990			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 11,401	11,401			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 25,008	25,008			
d. Accounting and Auditing	\$ 4,401	4,401			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 1,019	1,019			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 14,592	14,592			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 17,566	17,566			
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 307,375	307,375			
Subtotal	\$ 956,171	956,171			

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Colchester	1090 - C	9/30/2016	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	956,171	956,171		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 16,844	16,844		
2. Holiday Parties for Staff	\$ 715	715		
3. Gifts to Staff and Residents	\$ 6,127	6,127		
4. Employee Travel	\$ 7,708	7,708		
5. Education Expenses Related to Seminars and Conventions	\$ 2,616	2,616		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>)	\$			
See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 2,552	2,552		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)***	\$ 8,225	8,225		
See Attached Schedule				
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 3,602	3,602		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 4,484	4,484		
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 90	90		
9. Subscriptions	\$ 3,100	3,100		
10. Contributions***	\$			
See Attached Schedule				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$ 305,984	305,984		
13. Other (<i>Specify</i>)	\$ 65,376	65,376		
See Attached Schedule				
C-14 Total Administrative & General Expenditures	\$ 1,383,593	1,383,593		

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 8,225		
Total Other Advertising	\$ 8,225	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 40		
Infection Control	\$ 4,444		
Total Dues	\$ 4,484	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Detail or delete	\$ -		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 27,110		
Licenses & Fees	\$ 7,909		
Pre Employment Screening	\$ 7,622		
Point Click Care Fees	\$ 6,399		
Bank Charges	\$ 104		
Resident Expenses	\$ 318		
Prior Period Adj/Account W/O	\$ 5,793		
Healthport indirect	\$ 10,122		
Total Other Administrative and General	\$ 65,376	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	305,984	Accounting & Managerial Services	Pg. 16 m12

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2016	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 130,336	130,336		
2. Non-Food Supplies	\$ 17,933	17,933		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 932	932		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 149,201	149,201		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	158	158		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Colchester	1090 - C	9/30/2016	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	7,203	7,203	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$	8,106	8,106	
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$	18,375	18,375	
c. Management Services**	\$			
d. Other (<i>Specify</i>)	\$			
3E. Total Laundry Expenditures (3a + b + c + d)	\$	33,684	33,684	
3F. Laundry Questionnaire				
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab Colchester		1090 - C	9/30/2016		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced	25,115	25,115		
	a. In-House Care	by Personnel				
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	9,675	9,675		
	b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced				
	(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
		Amt. \$				
	c. Management Services*		\$			
	d. Other (<i>Specify</i>)		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 9,675	9,675		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	193,880	193,880		
	West River Pharmacy					
	b. Medicine Cabinet Drugs	\$				
	c. Medical and Therapeutic Supplies	\$	92,393	92,393		
	d. Ambulance/Limousine***	\$				
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	24,209	24,209		
	f. X-rays and Related Radiological Procedures***	\$	15,472	15,472		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	15,912	15,912		
	i. Recreation	\$	20,155	20,155		
	j. Other (Specify)****	\$	22,228	22,228		
	See Attached Schedule					
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 384,249	384,249		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Report of Expenditures
Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility Apple Rehab Colchester			License No. 1090 - C		Report for Year Ended 9/30/2016			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CWPM	25 Norton Place Plainville CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse removal	14,711			22	6 f
Middletown Laundry LLC	644 Wallingford Rd Durham CT	<input type="radio"/>	<input checked="" type="radio"/>		Laundry service	18,375			19	3a4b
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab Colchester	1090 - C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 105,080	105,080				
b. Heat	\$ 45,853	45,853				
c. Light & Power	\$ 48,931	48,931				
d. Water	\$ 24,246	24,246				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 15,920	15,920				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 240,030	240,030				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 1,061	1,061				
d. Movable Equipment	\$ 22,480	22,480				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 23,540	23,540				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 46,851	46,851				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 46,851	46,851				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 300,000	300,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 68,614	68,614				
c. Personal property taxes	\$ 7,479	7,479				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 446,485	446,485				

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility Apple Rehab Colchester		License No. 1090 - C			Report for Year Ended 9/30/2016			Page 23	of 37			
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period		49,727		49,727	45,499	S\L	var	1,061				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal									1,061			
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. 1994 van												
	x		12	99	1,045		1,045	1,045	SL	4 yrs		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
					442,011		442,011	354,257	S\L	var	21,314	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
					19,238		19,238		S\L	var	1,166	
D-3. Subtotal												22,480
E. Total Depreciation												23,540

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/18/2016	Wiring Equipment for POC Implementation	\$ 135	ME-5	\$ 9
4/18/2016	Wiring Equipment for POC Implementation	\$ 292	ME-5	\$ 19
4/18/2016	Wiring Equipment for POC Implementation	\$ 51	ME-5	\$ 3
4/18/2016	Wiring Equipment for POC Implementation	\$ 737	ME-5	\$ 47
5/11/2016	11 Kiosks for POC Implementation	\$ 229	ME-5	\$ 14
5/11/2016	11 Kiosks for POC Implementation	\$ 404	ME-5	\$ 25
5/11/2016	11 Kiosks for POC Implementation	\$ 32	ME-5	\$ 2
5/11/2016	11 Kiosks for POC Implementation	\$ 63	ME-5	\$ 4
5/11/2016	11 Kiosks for POC Implementation	\$ 16,319	ME-5	\$ 994
6/30/2016	Install Wireless Network Controllers	\$ 976	ME-5	\$ 49
Total additions for Movable Equipment		\$ 19,238		\$ 1,166 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2015	Roof Repair on Dementia Unit	\$ 1,684	LHI-10	\$ 204
10/1/2015	Roof Repair on Dementia Unit-Rem Balance	\$ 1,898	LHI-10	\$ 230
10/1/2015	Dry Pipe Valve for Sprinkler System	\$ 4,550	LHI-10	\$ 566
Total additions for Leasehold Improvement		\$ 8,132		\$ 1,001 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Apple Rehab Colchester			License No. 1090 - C		Report for Year Ended 9/30/2016			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,052,684	719,322	A		45,850	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				8,132		A		1,001	
C-4. Subtotal									46,851
D. Total Amortization									46,851

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	60			
6. Square Footage	25,115			
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)	See Attached			
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

CT Medicaid Cost Report Attachment Page 25

	Original Mortgage	
A. Type of Financing (e.g. fixed, variable)	Fixed	6 Month extension extension to 10/13/15 2.08% 6 month
B. Date of Mortgage Obtained	4/11/2008	
C. Interest Rate For the Cost Year	6.44%	
D. Term of Mortgage (number of years)	7 Yrs.	
E. Amount of Principal Borrowed	119,500,000	
F. Principal Balance Outstanding as of 9/30/	100,562,320	

12 month extension extension to 10/13/16 2.75% 12 months

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

- Brightview Nursing & Retirement Center, Ltd.
- Rose Haven, Ltd.
- Mary Elizabeth Nursing Center, Inc.
- Fowler Nursing Center, Inc.
- Waterbury Extended Care Facility, Inc.
- Harbor View Nursing Center, Inc.
- Liberty Hall Nursing Center
- Orchard Grove Specialty Care
- Wolcott Hall Nursing Center, Inc.
- Hewitt Health and Rehabilitation Center, Inc.
- Watrous Nursing Center
- Elm Hill Nursing Center, Inc.
- Gardner Heights Health Care Center, Inc.
- Shelton lakes Health Care Center, Inc.
- Highview Health Care Center, Inc.
- Westfield Manor Health Care Center, Inc.
- TA Coccomo Memorial
- Plainville Health Care Center, Inc.
- Ledgecrest Health Care Center, Inc.
- Ridgeview Health Care Center, Inc.
- The Kent, Ltd.
- Chesterfields, Ltd.

Out of State Facilities

- Watch Hill Manor, Ltd.
- The Clipper Home, Inc.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Colchester	1090 - C	9/30/2016	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility Apple Rehab Colchester		License No. 1090 - C		Report for Year Ended 9/30/2016		Page 27		of 37	
Item				Total	CCNH	RHNS	(Specify)		
Subtotals Brought Forward:									
12. C. Movable Equipment									
1. Automotive Equipment				\$					
A. Item		Rate	Amount						
Lender									
Address of Lender									
2. Other (Specify)				\$					
A. Item		Rate	Amount						
Lender									
Address of Lender									
B. Item		Rate	Amount						
Lender									
Address of Lender									
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$					
12. D. Other Interest Expense (Specify) Value settlement \$431, late pmt interest \$2,954				\$	3,385	3,385			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	3,385	3,385			
14. Insurance									
a. Insurance on Property (buildings only)				\$	64,237	64,237			
b. Insurance on Automobiles				\$					
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)				\$					
2. Fire and Extended Coverage				\$					
3. Other (Specify)				\$					
14d. Total Insurance Expenditures (14a + b + c)				\$	64,237	64,237			
15. Total All Expenditures (A-13 thru C-14)				\$	5,761,021	5,761,021			

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Colchester				1090 - C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 12,910	12,910		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 163,551	163,551		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 25,008	25,008		
10.	15	1d/e	Accounting & Legal	\$ 4,385	4,385		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 8,225	8,225		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 39,542	39,542		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 253,620	253,620		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimbursable	\$ 27,110		
16	1.3	Employee Recognition/Gift/Parties	\$ 6,127		
16	8a	Chamber of Commerce	\$ 90		
16	m13	Bank Charges	\$ 104		
16	m13	Resident Expenses	\$ 318		
16	m13	Prior Period Adj/Account W/O	\$ 5,793		
Total Other A&G Adjustments			\$ 39,542	\$ -	\$ -

D. Adjustments to Statement of Expenditures (cont'd)

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab Colchester				1090 - C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 253,620	253,620		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 193,880	193,880		
28.	16	L1	Ambulance/Limousine	\$ 16,844	16,844		
29.	20	h	X-rays, etc	\$ 15,472	15,472		
30.	20	f	Laboratory	\$ 15,912	15,912		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 22,023	22,023		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 21,848	21,848		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 3,385	3,385		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 542,984	542,984		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Apple Rehab Colchester
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 16,387		
20	5j	Rehab Service Supplies	\$ 5,461		
Total Other Ancillary Costs			\$ 21,848	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12 D	Value settlement	\$ 431		
27	12 D	Int on late pmts	\$ 2,954		
Total Other Adjustments			\$ 3,385	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Apple Rehab Colchester	1090 - C	9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 2,941,198	2,941,198			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,094,893	1,094,893			
b. Medicare Room and Board Contractual Allowance **	\$ 451,536	451,536			
4. a. Private-Pay Residents and Other	\$ 1,089,386	1,089,386			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 136,879	136,879			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (136,879)	(136,879)			
c. Prescription Drugs - Non-Medicare	\$ 44,979	44,979			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (44,979)	(44,979)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 366,419	366,419			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (269,394)	(269,394)			
c. Physical Therapy - Non-Medicare	\$ 64,365	64,365			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (63,420)	(63,420)			
4. a. Speech Therapy - Medicare	\$ 32,761	32,761			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (21,474)	(21,474)			
c. Speech Therapy - Non-Medicare	\$ 3,960	3,960			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (3,960)	(3,960)			
5. a. Occupational Therapy - Medicare	\$ 365,763	365,763			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (308,696)	(308,696)			
c. Occupational Therapy - Non-Medicare	\$ 76,950	76,950			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (76,950)	(76,950)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,743,337	5,743,337			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 579	579			
V. Total Other Revenue (1 thru 8)	\$ 579	579			
VI. Total All Revenue (III +V)	\$ 5,743,916	5,743,916			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest Income	454,519	\$ -		
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Private oxygen	\$ 579		
Total Other Revenue		\$ 579	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Colchester	1090 - C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,327
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	454,519
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	9,348
5. Prepaid Expenses			\$	21,547
a. Prepaid Insurance				
b. Prepaid Property Tax	21,547			
c. Other Prepaid Expenses				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	7,850
Due Affiliate (Debit Balance)				
Employee Withholding (HCRA/DCRA)	7,850			
A-9. Total Current Assets (Lines A1 thru 8)			\$	494,591
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,060,815</u>		\$	294,642
	Accum. Depreciation <u>766,173</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>49,727</u>		\$	3,168
	Accum. Depreciation <u>46,559</u>	Net		
6. Movable Equipment	*Historical Cost <u>461,249</u>		\$	84,512
	Accum. Depreciation <u>376,737</u>	Net		
7. Motor Vehicles	*Historical Cost <u>1,045</u>		\$	
	Accum. Depreciation <u>1,045</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
Fixed Asset Clearing Account				
Construction in Progress				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	382,322

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Colchester	1090 - C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	876,913
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	
Loans Rec. - Officers/Owner				
Capitalized Refinance Expense				
Leasehold Deposits				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 876,913	

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Colchester	1090 - C	9/30/2016	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	208,466
2. Notes Payable (<i>itemize</i>)			\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	82,072
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	23,959
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	4,288,269
Accrued PTO	122,407	Accrued Professional Fee	3,414	
Accrued Pension	2,078	Payroll W/H	5,202	
Accrued Worker's Comp	78,411	Due Affiliate (Credit Bal	3,989,657	
Accrued Expense Other	84,467	Exchange - Donations	2,633	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	4,602,766

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab Colchester		License No. 1090 - C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				4,602,766	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$ 437,005
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	437,005	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$
Security Deposits					

B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 437,005
C. Total All Liabilities (Lines A-13 + B-5)					\$ 5,039,771

G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab Colchester	1090 - C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	615,110
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(4,760,862)
6. Gain or Loss for Period			\$	(17,105)
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	(4,162,858)
C. Total Reserves and Net Worth			\$	(4,162,858)
D. Total Liabilities, Reserves, and Net Worth			\$	876,913

H. Changes in Total Net Worth

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(4,142,485)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	5,743,916
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	5,761,021
D. Net Income or Deficit			\$	(17,105)
E. Balance			\$	(4,159,590)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	3,268
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Brian Foley		President	3,268	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	3,268
H. Balance at End of Period			\$	(4,162,858)
				09/30/16

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab Colchester	License No. 1090 - C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 470-7535	

Error Check

Level	Item	Reported as	
-	Page 35 - Total Liabilities, Reserves and Net Worth	876,913	Total Assets 876,913

Apple Rehab Colchester
For Cost Year Ended September 30, 2016

		2015		2016		Adjustments		Total	Cost Report References	
		10/1 - 12/31		1/1 - 9/30		DR	CR		Report Page/Line #	Self Disallow Page/Line #
10111	Cash Corporate		\$0.00		\$0.00			0.00		31A1
10116	Cash - Laurel Woods		0.00		0.00			0.00		31A1
10117	Cash - Saybrook		0.00		0.00			0.00		31A1
10201	Petty Cash		350.00		0.00			350.00		31A1
10301	Cash - Patient Personal Need		0.00		0.00			0.00		31A1
10401	Exchange		933.38		0.00			933.38		31A1
10402	Exchange - Arlene Sheehan		(420.44)		420.00			(0.44)		31A1
10403	Exchange - Donations		(3,096.04)		462.87			(2,633.17)		33A12
10404	Exchange - Wellness		44.37		0.00			44.37		31A1
10405	Exchange - A/R		0.00		0.00			0.00		31A1
11001	A/R Private Patients		102,758.14		139,781.11			242,539.25		31A2
11002	A/R Medicare Patients		159,710.51		(33,783.38)			125,927.13		31A2
11003	A/R Medicaid Patients		252,706.99		(78,480.82)			174,226.17		31A2
11004	A/R Veterans Admin		0.00		0.00			0.00		31A2
11005	A/R Other		0.00		0.00			0.00		31A2
11010	A/R State Retro		372.89		(372.89)			0.00		31A2
11011	A/R Medicaid Pending		0.00		0.00			0.00		31A2
11015	A/R Medicare Retro		0.00		0.00			0.00		31A2
11020	A/R Clearing		0.00		0.00			0.00		31A2
11050	Reserve for Doubtful Accounts		(88,174.00)		0.00			(88,174.00)		31A2
11101	Loans Rec. - Officers/Owner		0.00		0.00			0.00		32D7
12005	Dietary Supply Inventory		5,067.00		(828.00)			4,239.00		31A4
12010	Housekeeping Supply Inventory		448.00		75.00			523.00		31A4
12015	Medical & Nursing Supply Inventory		4,004.00		310.00			4,314.00		31A4
12020	Maintenance Supply Inventory		1,056.00		(514.00)			542.00		31A4
12025	Laundry Supply Inventory		215.00		600.00			815.00		31A4
12030	Recreation Supply Inventory		0.00		63.00			63.00		31A4
12035	Office/Misc. Supply Inventory		1,502.38		(2,650.00)			(1,147.62)		31A4
13002	Prepaid Insurance		2,386.35		(2,386.35)			0.00		31A5b
13006	Prepaid Property Tax		3,762.88		17,784.27			21,547.15		31A5b
13010	Other Prepaid Expenses		0.00		0.00			0.00		31A5c
15501	Non Moveable Equipment		33,923.28		0.00	18,288.75	(2,485.15)	49,726.88		31B5
15502	Moveable Equipment		446,176.58		19,237.58	6,123.15	(10,288.75)	461,248.56		31B6
16001	Auto & Trucks		0.00		0.00	1,045.00		1,045.00		31B7
16501	Leasehold Improvements		1,194,034.46		0.00	15.60	(133,235.00)	1,060,815.06		31B4
16598	Fixed Asset Proceeds Clearing Account		0.00		0.00			0.00		31B9
16599	Fixed Asset Clearing A/C		0.00		0.00			0.00		31B9
16601	Capitalized Refinance Expense		0.00		0.00			0.00		31B9
16750	Construction in Progress		960.00		(960.00)			0.00		31B9
17001	Acc. Depreciation Non Moveable Equipment		(27,440.44)		(795.51)		(18,323.06)	(46,559.01)		31B5
17002	Acc. Depreciation Moveable Equipment		(343,290.14)		(17,113.68)		(16,333.02)	(376,736.84)		31B6
17003	Acc. Depreciation Auto & Truck		0.00		0.00		(1,045.00)	(1,045.00)		31B7
17005	Acc. Amortization Leasehold Imp.		(854,509.33)		(35,083.10)	123,419.65		(766,172.78)		31B4
19101	Leasehold Deposits		0.00		0.00			0.00		32D7
19501	Goodwill		0.00		0.00			0.00		32D7
20101	A/P Trade		(290,387.60)		81,921.28			(208,466.32)		33A1
20104	A/P Patient Need Account		0.00		0.00			0.00		33A1
20110	A/P Patient Exchange		0.00		0.00			0.00		33A12
20115	A/P Other		(644,467.69)		82,227.68	125,235.00		(437,005.01)		34B3
20200	Due Affiliate -Corporate		(3,746,988.75)		(107,682.52)	2,528.13	(137,514.10)	(3,989,657.24)		31A8
20250	Loan Payable Officer		0.00		0.00			0.00		34B4
20256	Dostie Note S/T		0.00		0.00			0.00		34B4
20501	Accrued Payroll		(36,282.85)		(7,344.33)		(38,445.18)	(82,072.36)		33A4
20601	Accrued Vacation		(116,393.42)		0.00	116,393.42	(122,406.63)	(122,406.63)		33A12
21001	Federal Withholding		(5,126.72)		4,936.86			(189.86)		33A6
21002	State Withholding		(1,668.17)		1,665.18			(2.99)		33A6
21005	FICA - Employee		(3,692.08)		3,565.64			(126.44)		33A6
21006	FICA - Employer		(6,333.07)		3,131.26			(3,201.81)		33A6
21010	Federal Unemployment Comp.		(7,712.30)		7,366.19			(346.11)		33A6
21011	State Unemployment Comp.		(32,620.38)		(26,647.35)	39,176.21		(20,091.52)		33A6
21035	Other Employee Withhold		(3,388.00)		3,388.00			0.00		33A12
21037	Employee Withholding (HCRA/DCRA)		6,589.98		1,259.57			7,849.55		31A8
21040	Union Dues		0.00		0.00			0.00		33A12
21045	Initiation Fees		0.00		0.00			0.00		33A12
21050	Payroll Deductions - AFLAC		0.00		0.00			0.00		33A12
21051	Payroll Deducted Life Insurance		(4,331.16)		924.12			(3,407.04)		33A12
21060	401 (K) Salary Reduction		(1,883.01)		88.08			(1,794.93)		33A12
22001	Accrued Professional Fees		(3,804.29)		390.72			(3,413.57)		33A12

22010	Accrued Pension	(2,582.76)	504.37			(2,078.39)	33A12	
22015	Accrued Workers compensation	(56,818.25)	(21,592.40)			(78,410.65)	33A12	
22040	Accrued Group Insurance	0.00	0.00			0.00	33A12	
22050	Accrued Other Expenses	(87,628.60)	3,161.26			(84,467.34)	33A12	
22060	Accrued User Fee	0.00	0.00			0.00	33A12	
23002	State Income Tax	0.00	0.00			0.00	33A12	
25256	Dostie Note L/T	0.00	0.00			0.00	34B4	
25505	Security Deposits	0.00	0.00			0.00	34B4	
27500	Capital Stock	0.00	0.00			0.00	35B2	
27800	Dividends Paid	0.00	0.00			0.00	35B2	
27900	Capital Contributions	(615,109.63)	0.00			(615,109.63)	35B1	
28000	Retained Earnings	4,852,733.72	0.00	233.53	(88,779.17)	4,764,188.08	35B5	
31001	Room and Board - Private	(243,705.50)	(845,680.52)			(1,089,386.02)	30 I 1a4	
31002	Room and Board - Medicare	(297,934.50)	(828,637.00)			(1,126,571.50)	30 I 1a3	
31003	Room and Board - Medicaid	(776,975.45)	(2,115,451.88)			(2,892,427.33)	30 I 1a1	
31004	Room and Board - Managed Care	0.00	0.00			0.00	30 I 1a4	
31010	Room and Board - Rest Home	0.00	0.00			0.00	30 I 1a4	
31015	Medicare Cont. Allowance - Room & Board	(129,267.54)	(322,268.54)			(451,536.08)	30 I 1a3	
31032	Medicare Recoupment	9,398.94	22,279.46			31,678.40	30 I 1a3	
31033	Medicaid Recoupment	0.00	(48,770.27)			(48,770.27)	30 I 1a1	
35001	Physical Therapy	(111,790.94)	(318,992.79)			(430,783.73)	30 II 1b3	
35002	Medical Supply	0.00	0.00			0.00	30 IIa6	
35005	Vending Machines	0.00	0.00			0.00	30 IIa6	
35006	Pharmacy Supplies	(44,674.47)	(137,183.67)			(181,858.14)	30 II 1b1	
35007	Clinical Services	(4,804.67)	(14,190.86)			(18,995.53)	30 II 1b6	
35008	Laboratory Services	0.00	0.00			0.00	30 II 1b6	
35009	Diagnostic Services (EKG/Xray)	0.00	0.00			0.00	30 II 1b6	
35010	Speech Therapy	(8,325.17)	(28,395.93)			(36,721.10)	30 II 1b4	
35011	Occupational Therapy	(117,540.52)	(325,172.01)			(442,712.53)	30 II 1b5	
35015	Oxygen - Private	(569.00)	(10.00)			(579.00)	30 II 1b7	
35016	Oxygen - Medicare	0.00	0.00			0.00	30 II 1b7	
35030	Medicare Contractual Allowance - Therapy	168,221.69	431,341.41			599,563.10	30 II 1b, 4b, 5b	
35031	Medicare Contractual Allowance - Other	40,940.65	111,005.14			151,945.79	30 II 1d, 4d, 5d	
35032	Medicare Contractual Allowance - Supplies	0.00	0.00			0.00	30 II 6	
35033	Medicaid Contractual Allowance - Supplies	70.00	70.00			140.00	30 II 6	
35035	Contractual Allowance - HMO/Insurance/Ma	35,048.49	158,049.39			193,097.88	30 II 6	
35054	Hairdresser & Barber	0.00	0.00			0.00	30 2.1	
35098	Misc. Income - Other	0.00	0.00			0.00	See Attached	
36001	Interest Income	0.00	0.00			0.00	30 IV 5	
36500	Gain (Loss) on Sale of Assets	0.00	0.00			0.00	30 IV 8	
41001	Salaries - Administrator	0.00	0.00	93,885.90		93,885.90	10 A2.3	
41002	Salaries - Clerical	5,506.93	17,499.76	2,867.88	(2,334.50)	23,540.07	10 A4	
41003	Salaries - Accounting	28,051.51	85,396.83	12,184.20	(7,449.77)	118,182.77	10 A11b	
41004	Salaries - Social Services/Admissions	16,462.49	59,376.03	4,569.59	(3,193.62)	77,214.49	10 A12m	
41005	Salaries - Management	0.00	0.00			0.00	10A2	
41006	Salaries - Maintenance	10,888.33	35,731.71	2,176.83	(1,840.88)	46,955.99	10 A7b	
41007	Salaries - Projects	0.00	0.00			0.00	10 A7b	
41008	Salaries - Staff Development	2,576.86	7,987.29			10,564.15	10 A12b2	
41009	Salaries - Beautician	0.00	0.00			0.00	10A9	
41010	Employee Physicals	1,436.38	3,171.96			4,608.34	16 m13	
41011	Pre-employment Screen	537.62	2,475.81			3,013.43	16 m13	
41015	FICA - Employer	43,178.65	131,303.14			174,481.79	15 1a4	
41016	Unemployment - Federal	943.35	8,925.18			9,868.53	15 1a3	
41017	Unemployment - State	3,324.01	26,647.38			29,971.39	15 1a3	
41020	Insurance - Workmen's Comp	(17,110.49)	69,262.06			52,151.57	15 1a1	
41021	Insurance - Group Medical	63,255.46	220,091.52			283,346.98	15 1a5	
41023	Insurance - Group Life & Disability	10,856.01	14,134.07			24,990.08	15 1a6	
41022	Insurance - FMLA	0.00	0.00			0.00	15 1a5	
41024	Pension Expense	3,267.67	8,133.56			11,401.23	15 1a7	
41025	Other Employee Benefits	1,382.04	5,459.38			6,841.42	See Attached	
41026	Corporate Fee - Non-reimbursable Costs	6,959.98	17,559.32	2,590.71		27,110.01	16 m13	28 #23 1
41027	Corporate Management Fee	77,970.95	229,789.68	813.99	(2,590.71)	305,983.91	16 m12	
41028	Corporate Accounting Fee	0.00	0.00	10,122.00		10,122.00	16m13	
41029	Auto Repair & Maintenance.	0.00	0.00			0.00	16l.6	
41030	Travel - Motor Vehicle	2,494.80	5,212.98			7,707.78	16 1.4	
41031	Conventions & Meetings	0.00	0.00			0.00	16 1.5	
41032	Education & Seminars	1,195.76	1,400.00			2,595.76	16 1.5	
41033	Auditing Fees	980.46	3,420.54			4,401.00	15 1d	See Attached
41034	Point Click Care Fees	1,130.68	5,267.87			6,398.55	16 m13	
41035	Legal Services	1,018.70	0.00			1,018.70	15 1e	See Attached
41036	Consulting Fees - Social Service	0.00	0.00			0.00	13b6	
41037	Consulting Fees - Other	1,431.00	4,293.00			5,724.00	See Attached	
41038	Licenses & Fees	530.25	7,378.25			7,908.50	16 m13	
41039	Dues & Memberships	1,113.60	3,460.80			4,574.40	See Attached	See Attached

41040	Subscriptions	3,100.00	0.00			3,100.00	16 m9	
41041	Advertising - Public Relations	1,516.54	6,686.28	22.00		8,224.82	16 m3	28 #18
41042	Advertising - Help Wanted	0.00	2,552.10			2,552.10	16 m1	
41043	Supplies - Social Service	0.00	0.00			0.00	20 5j	
41044	Supplies - Beauty Shop	0.00	0.00			0.00	13m6	
41045	Supplies - Medical Records	0.00	0.00			0.00	16 m5	
41046	In Service Fees	20.18	0.00			20.18	16 1.5	
41047	Transportation - Patients	3,372.06	13,471.97			16,844.03	16 1.1	29 #28
41048	CNA Registration & Validation	0.00	0.00			0.00	16 1.1	
41050	Office Supplies & Printing	2,483.00	12,108.57			14,591.57	15 1g	
41051	Postage	1,005.95	2,595.92			3,601.87	16 m7	
41052	Telephone	4,156.53	13,409.02			17,565.55	15 1h	
41053	Rent	75,000.00	225,000.00			300,000.00	22 9	
41054	Insurance - Package	19,278.98	44,958.48			64,237.46	27 14a	
41057	Equipment Lease	1,894.60	5,763.57			7,658.17	22 6a	
41060	Purchased Services & Repair	14,208.96	50,627.40	14.00		64,850.36	22 6a	
41061	Maintenance & Repair Supplies	7,772.41	24,773.37	26.00		32,571.78	22 6a	
41062	Fuel - Plant Operation	0.00	158.84			158.84	22 6b	
41063	Gas - Plant Operation	13,629.14	32,065.06			45,694.20	22 6b	
41064	Electric - Plant Operation	12,184.17	36,746.48			48,930.65	22 6c	
41065	Water & Sewerage	5,258.75	18,987.71			24,246.46	22 6d	
41066	Refuse Removal / Recyclables	4,008.82	11,834.85	76.00		15,919.67	22 6f	
41067	Corp Office Building Maintenance	0.00	0.00			0.00	Corp Only	
41070	Taxes - Real Estate	17,524.14	51,089.79			68,613.93	22 10b	
41071	Taxes - Personal Property	1,881.42	5,598.06			7,479.48	22 10c	
41075	Bad Debt	25,007.72	0.00			25,007.72	15 1c	28 #9
41080	Donations	0.00	0.00			0.00	16m10	
41086	Sales Tax	217.00	513.00		(730.00)	0.00	16m13	
41087	Service Charge - Bank	0.00	104.00			104.00	16 m13	28 #23 4
41090	Miscellaneous Expense	(837.20)	6,630.40			5,793.20	See Attached	See Attached
41091	Resident Reimbursements	0.00	318.00			318.00	16m13	
41095	C.O.N. Expense	0.00	0.00			0.00	16m13	
45001	Salaries - R.N. (CCNH)	181,073.16	550,344.07	37,960.65	(23,806.90)	745,570.98	10 A12b1	
45002	Salaries - L.P.N. (CCNH)	28,303.34	80,179.73	9,127.02	(10,188.22)	107,421.87	10 A12c	
45003	Salaries - Aides (CCNH)	172,913.55	461,433.69	41,003.61	(30,818.85)	644,532.00	10 A12d	
45004	Salaries - Assistant D.O.N.	21,556.07	67,854.96	7,665.93	(2,370.68)	94,706.28	10 A12a	
45005	Salaries - D.O.N.	20,130.16	66,946.14	4,064.77	(960.34)	90,180.73	10A12a	
45006	Inactive Salaries (see A/C 70046)	0.00	0.00			0.00	N/A	
45007	Salaries - R.N. (RHNS/HFA)	0.00	0.00			0.00	10 A12b1	
45008	Salaries - L.P.N. (RHNS/HFA)	0.00	0.00			0.00	10 A12c	
45009	Salaries - Aides (RHNS/HFA)	0.00	0.00			0.00	10 A12d	
45010	Salaries - Infection Control	2,980.51	7,622.86			10,603.37	10 A12b2	
45011	Salaries - Nursing Administration	0.00	0.00			0.00	10 A2.3	
45014	Salaries - R.N. / L.P.N. - Light Duty	0.00	0.00			0.00	10 A12b2	
45015	Salaries - C.N.A. - Light Duty	0.00	0.00			0.00	10 A12d	
45016	Salaries - Other Nursing - Light Duty	0.00	0.00			0.00	10 A12d	
45017	Salaries - MDS Coordinator	14,602.82	41,300.30	7,636.73	(4,867.52)	58,672.33	10 A12b2	
45022	Purchased Services - HPS (RN-CCNH)	1,401.00	8,721.00		(10,122.00)	0.00	13 B11a	
45023	Purchased Services - HPS (LPN-CCNH)	0.00	0.00			0.00	13 B11b	
45024	Purchased Services - HPS (CNA-CCNH)	0.00	0.00			0.00	13 B11c	
45025	Equipment Lease Nursing	3,819.15	7,318.22			11,137.37	20 5c	
45032	Purchased Services - HPS (RN-RHNS)	0.00	0.00			0.00	13 B11a	
45033	Purchased Services - HPS (LPN-RHNS)	0.00	0.00			0.00	13 B11b	
45034	Purchased Services - HPS (CNA-RHNS)	0.00	0.00			0.00	13 B11c	
45035 ...	Purchased Services - R.N. (CCNH)	0.00	0.00			0.00	13 B11a	
45036 ...	Purchased Services - L.P.N. (CCNH)	0.00	0.00			0.00	13 B11b	
45037 ...	Purchased Services - Aides (CCNH)	0.00	0.00			0.00	13 B11c	
45041	Purchased Services - Other	0.00	0.00			0.00	13 B12	
45045	Nursing Station Supplies	0.00	351.95	28.00		379.95	20 5j	
45046	Prescription Drugs - Medicare	28,057.44	87,182.04			115,239.48	20 5a	30 #27
45047	Prescription Drugs - Medicaid	0.00	0.00			0.00	20 5a	
45048	Prescription Drugs - Private	3,454.61	37,590.31			41,044.92	20 5a	30 #27
45049	Prescription Drugs Managed Care	4,443.01	33,152.53			37,595.54	20 5a	30 #27
45050	Medical Supplies	21,296.06	48,464.87	12.00		69,772.93	20 5c	
45051	Medicare Part B Billable	0.00	0.00			0.00	205c	
45052	Medical Equipment Purchases	1,390.96	4,073.11	105.00		5,569.07	20 5c	
45055	O.T.C. Medical Supply	648.62	5,264.98			5,913.60	20 5c	
45058	Rehab Service Supplies	0.00	0.00			0.00	205j	
45060	Oxygen - Private	2,621.89	6,347.53			8,969.42	20 5e2	29 #32
45061	Oxygen - Medicare	2,624.20	7,877.07			10,501.27	20 5e2	29 #32
45062	Oxygen - Medicaid	461.92	1,723.82			2,185.74	20 5e2	
45063	Oxygen - Managed Care	96.64	2,455.68			2,552.32	20 5e2	29 #32
45065	I.V. Therapy Services	4,594.91	11,792.03			16,386.94	20 5j	29 #34
45070	Laboratory Services	3,059.59	12,852.03			15,911.62	20 5h	29 # 30

45075	Diagnostic Services	3,203.55	12,268.73			15,472.28	20 5f	29 # 29
50001	Salaries - Dietitians	510.00	4,196.85			4,706.85	10 A5a	
50002	Salaries - Chefs, Cooks	22,132.00	50,287.28	4,781.81	(6,016.83)	71,184.26	10 A5c	
50003	Salaries - Helpers, Dishwashers	23,306.91	66,002.22	8,550.51	(6,888.98)	90,970.66	10 A5c	
50004	Salaries - Food Service Supervisor	2,022.09	33,142.14	262.16	(1,332.65)	34,093.74	10 A5b	
50005	Salaries - Dietary - Light Duty	0.00	0.00			0.00	10 A5c	
50030	Consultant Fee - Dietary	0.00	0.00			0.00	13B1	
50035	Purchased Services - Dietary	89.32	842.63			931.95	18 2b	
50036	Equipment Lease - Dietary	0.00	0.00			0.00	18 2a1	
50040	Supplies - Dietary	4,022.86	13,160.59			17,183.45	18 2a2	
50041	Other Expenses - Dietary	0.00	683.66			683.66	18 2a2	
50050	Food Supplies - HPC/Thurston	27,092.80	79,239.29	34.00		106,366.09	18 2a1	
50051	Food Supplies - Dairy	2,014.29	7,111.83			9,126.12	18 2a1	
50052	Food Supplements	2,186.81	10,150.24			12,337.05	18 2a1	
50053	Enteral Feeding Supplies	883.96	1,623.06			2,507.02	18 2a1	
50054	Food Supplies - Other	21.36	44.65			66.01	18 2a1	
50055	Foods Supplies - Rebates	0.00	0.00			0.00	18 2a1	
55001	Salaries - Laundry	3,758.69	13,220.21			16,978.90	10 A8b	
55002	Salaries - Laundry Supervisor	11,510.98	29,548.04	4,087.01	(5,188.02)	39,958.01	10 A8a	
55004	Salaries - Laundry - Light Duty	0.00	0.00			0.00	10 A8b	
55030	Purchased Service - Laundry	4,725.00	13,650.00			18,375.00	19 4b	
55031	Personal Laundry	0.00	0.00			0.00	19 3b	
55035	Linen & Bedding Supplies	1,758.46	5,937.27	410.00		8,105.73	19 3a4	
55036	Equipment Lease Laundry	0.00	0.00			0.00	19 3d	
55040	Laundry Supplies	1,936.81	5,265.97			7,202.78	19 3a1	
60001	Salaries - Housekeeping	17,102.66	46,733.84	6,413.60	(7,573.16)	62,676.94	10 A6b	
60002	Salaries - Housekeeping Supervisor	7,908.95	31,115.82	4,256.44		43,281.21	10A6a	
60003	Salaries - Housekeeping - Light Duty	0.00	0.00			0.00	10 A6b	
60030	Purchased Services - Housekeeping	0.00	0.00			0.00	20 4b	
60035	Supplies - Housekeeping	2,616.95	7,058.24			9,675.19	20 4a	
65001	Salaries - Recreation	20,847.16	58,863.94	3,813.15	(4,090.63)	79,433.62	10 A12h	
65030	Supplies - Recreation	92.59	456.90	3.00		552.49	20 5i	
65035	Other Expenses - Recreation	4,551.25	15,051.61			19,602.86	20 5i	
70010	Medical Director	4,500.00	13,500.00			18,000.00	13 B8a	
70011	Medical Staff/URC Meeting	200.00	400.00			600.00	13 B8b	
70012	Other Physician Fees	0.00	0.00			0.00	13 B8e	
70015	Pharmacist Fees	2,106.43	6,845.76			8,952.19	13 B3	
70025	Prescription Drugs Only	0.00	0.00			0.00	N/A	
70030	Personal Laundry	0.00	0.00			0.00	N/A	
70035	Dental Service	1,602.00	4,806.00			6,408.00	13 B2	
70036	Podiatrist Fees	0.00	0.00			0.00	13 B4	
70040	Hairdresser/Barber	0.00	0.00			0.00	16m6	
70047	Purchased Services - Physical Therapist	61,664.15	147,014.11			208,678.26	13 5a	
70048	Purchased Services - Speech Therapist	8,618.22	17,999.82			26,618.04	13 B9a	
70049	Purchased Services - Occupational Therapist	49,295.16	114,255.79			163,550.95	13 B10a	28 #6
70050	Inactive	0.00	0.00			0.00	N/A	
70052	Rehab. Services Supplies	665.28	4,796.17			5,461.45	20 5j	29 # 34
70060	Salaries - Rehab Director	0.00	10,756.75	1,274.49		12,031.24	10 A12e	
70062	Salaries - Therapy Technicians	4,138.49	1,918.41		(3,193.62)	2,863.28	10 A12e	
70065	Salaries - Physical Therapy Assistant	0.00	8,642.97	809.10		9,452.07	10 A12e	
70066	Salaries - Per Diem PT Assistant	0.00	1,048.75			1,048.75	10 A12e	
70067	Salaries - Physical Therapist	0.00	0.00			0.00	10 A12e	
70068	Salaries - Per Diem Physical Therapist	0.00	2,203.39			2,203.39	10 A12e	
70070	Salaries - Certified Occupational Therapist	0.00	4,155.54	61.04		4,216.58	10 A12g	28 #3
70071	Salaries - Per Diem Certified OT	0.00	916.61			916.61	10 A12g	28 #3
70072	Salaries - Occupational Therapist	0.00	6,547.41	478.91		7,026.32	10 A12g	28 #3
70073	Salaries - Per Diem Occupational Therapist	0.00	750.00			750.00	10 A12g	28 #3
70075	Salaries - Speech Therapist	0.00	2,051.86			2,051.86	10 A12f	
70076	Salaries - Per Diem Speech Therapist	0.00	75.00			75.00	10 A12f	
71050	User Fee	88,495.00	218,880.30			307,375.30	15 1k3	
76000	Interest	513.64	2,871.15			3,384.79	27 12D	29 #49
78010	Salaries - Owner	3,268.00	0.00			3,268.00	36 G1	
79010	Depreciation of Non Moveable Equipment	265.00	795.51			1,060.51	22 7c	
79011	Depreciation of Moveable Equipment	5,365.69	17,347.68		(233.53)	22,479.84	22 7d	
79015	Depreciation of Auto & Truck	0.00	0.00			0.00	31B7	
79025	Amortization of Leasehold Improvements.	11,767.68	35,083.10			46,850.78	22 8a	
82010	CT State Income Tax	0.00	0.00			0.00	15 j1	
82050	Provider Specific Tax	0.00	0.00			0.00	15j1	

704,646.47 (704,646.47)

Variance (must be \$0.00) 0.00

Total Assets 866,430.09
Total Liabilities (5,029,288.66)

Total Revenue (5,743,916.06)
Total Expenses 5,764,289.59

Analysis Accounts		Cost Report References	
		Report Page/Line #	Self Disallow Page/Line #
35098 Misc. Income - Other	0.00		
Meal Revenue		30 IV 1	28 #24
Prior Period Corrections		30 IV 4	29 #43
Facility Room Rental			
Rebates			
Medical Records	0.00	30 IV 8	
State of CT Provider Tax Refund			
Total Misc. Income - Other	0.00		
41001 Salaries - Administrator	93,885.90		
Administrator	93,885.90	10 A2	
Asst Administrator/AIT	0.00	10 A3	
Total Administrator	93,885.90		
41025 Employee Benefits	6,841.42		
Holiday Parties	714.67	16 12	
Employee gifts/ recognition	6,126.75	16 13	28 #23 2
Total Employee Benefits	6,841.42		
41037 Consulting Fees - Other	5,724.00		
Social Worker	0.00	13 B3	
Data Integrity Auditor	5,724.00	13 B12	
Total Consulting Fees - Other	5,724.00		
45041 Purchase Service - Other	0.00		
Pharmacy Consult		16 m13	28 #23 5
Wound Consultant		16 m13	28 #23 6
Total Consulting Fees - Other	0.00		
41090 Misc. Expense	5,793.20		
Resident Expenses	0.00		28 #23 5
Prior Period Adj	5,793.20		28 #23 6
Total Misc. Expense	5,793.20		
70012 Physician Fees	0.00		
Psychiatrist	0.00	13 B8de	
Eye Doctor	0.00	13 B8de	
Total Physician Fees	0.00		
41041 Advertising - Public Relations	8,224.82		
Public Relations	8,224.82	16 m3	28 #18
Directory Advertising	0.00		
Total Advertising - Public Relations	8,224.82		
41052 Telephone	17,565.55		
Telephone & Beepers	17,565.55	15 1h1	
Cell Phones	0.00	15 1h2	
Total Telephone	17,565.55		
<i>(check G/L account 41052 for possible cell or beeper reclass J/E)</i>			
41039 Dues & Membership	4,574.40		
Dues & Membership	4,484.40	16 m8	
Chamber of Commerce	90.00	16 m8a	28 #23 3
Total Dues & Membership	4,574.40		
<i>(most homes should have, may need to check other accounts)</i>			

**Apple Rehab Colchester
Cost Year 2016**

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017
1	41041	22.00	Advertising - Public Relations			
	41060	14.00	Purchased Services & Repair			
	41061	26.00	Maintenance & Repair Supplies			
	41066	76.00	Refuse Removal / Recyclables			
	45045	28.00	Nursing Station Supplies			
	45050	12.00	Medical Supplies			
	45052	105.00	Medical Equipment Purchases			
	50050	34.00	Food Supplies - HPC/Thurston			
	55035	410.00	Linen & Bedding Supplies			
	65030	3.00	Supplies - Housekeeping			
			Sales Tax	41086	730.00	
			Allocate Sales Tax			
2	20601	116,393.42	Accrued PTO			
			Salaries - Clerical	41002	2,334.50	
			Salaries - Accounting	41003	7,449.77	
			Salaries - Social Service	41004	3,193.62	
			Salaries - Maintenance	41006	1,840.88	
			Salaries - RN	45001	23,806.90	
			Salaries - LPN	45002	7,660.09	
			Salaries - CNA	45003	30,818.85	
			Salaries - ADNS	45004	2,370.68	
			Salaries - DNS	45005	960.34	
			Salaries - Infection Control	45010		
			Salaries - Nursing Administration	45011		
			Salaries - MDS	45017	4,867.52	
			Salaries - Dietitians	50001		
			Salaries - Chef, Cooks	50002	6,016.83	
			Salaries - Dietary Aid, Dishwasher	50003	6,888.98	
			Salaries - Food Service Suprv	50004	1,332.65	
			Salaries - Laundry Supervisor	55002	5,188.02	
			Salaries - Housekeeping	60001	7,573.16	
			Salaries - Housekeeping Supervisor	60002		
			Salaries - Recreation	65001	4,090.63	
			Salaries - PT Tech	70062		
			Reverse 12/15 PTO Accrual			
3	41002	2,196.18	Salaries - Clerical			
	41003	10,889.51	Salaries - Accounting			
	41004	649.14	Salaries - Social Service			
	41006	1,361.81	Salaries - Maintenance			
	45001	25,422.22	Salaries - RN			
	45002	7,571.21	Salaries - LPN			
	45003	30,082.99	Salaries - CNA			
	45004	6,952.64	Salaries - ADNS			
	45005	2,450.37	Salaries - DNS			
	45010		Salaries - Infection Control			
	45011		Salaries - Nursing Admin			
	45017	7,089.32	Salaries - MDS			
	50001		Salaries - Dietician			
	50002	3,445.22	Salaries - Chef, Cooks			
	50003	6,778.07	Salaries - Dietary Aid, Dishwasher			
	50004	53.36	Salaries - Food Service Suprv			
	55001		Salaries - Laundry			
	55002	3,465.73	Salaries - Laundry Supervisor			
	60001	5,159.29	Salaries - Housekeeping			
	60002	3,653.08	Salaries - Housekeeping Supervisor			
	65001	2,562.95	Salaries - Recreation			
	70060	1,274.49	Salaries - Rehab Director			
	70065	809.10	Salaries - Physical Therapy Assistant			
	70070	61.04	Salaries - Certified Occupational Therapist			
	70072	478.91	Salaries - Occupational Therapist			
	70062		Salaries - PT Tech			

			Accrued PTO	20601	122,406.63	
			Depreciation of Non Moveable Equipment			
4	41027	813.99	Corporate Management Fee			
			Due Affiliate - Corporate	20200	813.99	
			Allocate Interest Income			
	41026	2,590.71				
				41027	2,590.71	
			Corp therapy salaries 8/13 - 9/30/16 non reimb			
5	41004	3,193.62	Salaries - Social Services/Admissions			
			Salaries - Therapy Technicians	70062	3,193.62	
			Reclass Dec 15 PTO miscode			
6	20209	2,528.13	Due Affiliate -Corporate			
			Salaries - L.P.N. (CCNH)	45002	2,528.13	
			Reverse healthport Dec 2015 entry			
	41028	10,122.00	Corporate Accounting Fee			
			Purchased Services - HPS (RN-CCNH)	45022	10,122.00	
			Reclass healthport indirect			
	28000	233.53	Retained Earnings			
			Depreciation of Non Moveable Equipment	79010	233.53	
7	41001	93,885.90	Salaries Administrator 2120 HRS			
			Due Affiliate - Corporate	20200	93,885.90	
			Administrator Salary			
	15501	8,000.00		16501	8,000.00	
	15501	10,288.75		15502	10,288.75	
	15502	2,485.15		15501	2,485.15	
	20115	125,235.00		16501	125,235.00	
	15502	3,638.00		20200	3,638.00	
	16001	1,045.00		17003	1,045.00	
	16501	15.60		28000	15.60	
			Record FA to prior years			
	17005	123,419.65				
				17001	18,323.06	
				17002	16,333.02	
				28000	88,763.57	
			Adjust AD to prior years			
8	21011	39,176.21	State unemployment			
			Due affiliate	20200	39,176.21	
			Reclass 3rd qtr 15 - 2nd Qtr			
			State unemployment comp payments			
9	41002	671.70				
	41003	1,294.69				
	41004	726.83				
	41006	815.02				
	45001	12,538.43				
	45002	1,555.81				
	45003	10,920.62				
	45004	713.29				
	45005	1,614.40				
	45017	547.41				
	50002	1,336.59				
	50003	1,772.44				
	50004	208.80				
	55002	621.28				
	60001	1,254.31				
	60002	603.36				
	65001	1,250.20				
				20501	38,445.18	
			Record Cost enhancement entry			
		704,646.47	TOTALS		704,646.47	

Facility: Apple Rehab Colchester
 Cost Year 9/30/2016
 Reconciliation of Revenue, Expenses, Balance Sheet

	<u>Expenses</u>	<u>Revenue</u>	<u>Assets</u>	<u>Liabilities</u>
Per Trial Balance	5,764,290	5,743,916	866,430	5,029,289
Per Cost Report	5,761,021	5,743,916	876,913	5,039,771
Difference	3,268	0	10,483	10,483
21035-21060 - Payroll W/H				
10401-10403 Exchange			2,633	2,633
35098- Meal Revenue			7,850	7,850
20110- A/P-Patient Exchange				
20218 - Due Affiliate				
78010 - Owners Salary	3,268			
13002 - Prepaid Ins				
Difference	3,268	0	10,483	10,483
	0	0	0	0

Apple Rehab Colchester

Asset Class	Asset ID	Asset Description	Service Date
Non Moveable Equipment			
NME-10	0909003	SCIENTIFIC LEASG.(DISHWSHR & FR	2/1/1991
NME-10	0909004	DANIELS (WASHERS)	6/1/1991
NME-15	0909008	United(Stove)	9/1/1993
NME-10	0909005	clothes dryer (Yankee Equipment Systems,	11/1/2000
NME-8	0909002	garbage disposal (Direct Supply Equipmen	9/1/2004
NME-5	0909353	Garbage Disposal	7/15/2010
NME-10	0909368	Ceiling Unit - Walk-in cooler	12/16/2010
NME-10	0909367	Walk-in cooler repairs	12/17/2010
NME-10	0909390	Exhaust Fan Motors	7/24/2011
NME-10	0913020	Replace Walk In Condenser and Evaporatc	2/15/2013

Non Moveable Equipment as of 09/30/16

Depreciation 10/1/15 - 9/30/16

Cost Report Adjustments:

Reclass Prior Years

0909353 Garbage Disposal

0909245 METAL SPEC. (DIE

Adjusted Balance 9/30/16

Prior Period
Retired (See Attached)
Current Period

Asset Class	Asset ID	Asset Description	Service Date
Moveable Equipment			
ME-15	0909095	KENTCO (FURNISHINGS)	9/1/1987
ME-15	0909096	HUDSON MEDICAL (OVERBED TABL	9/1/1987
ME-10	0909052	DATA SCRIPT (MEDICATION CHART)	9/1/1987
ME-15	0909097	KENTCO CORP. (CHAIRS & BEDSIDE	10/1/1987
ME-15	0909098	KENTCO CORP. (CHAIRS)	11/1/1987
ME-15	0909099	KENTCO CORP. (LIGHT)	12/1/1987
ME-15	0909100	KENTCO CORP. (FURNITURE)	1/1/1988

ME-15	0909101	KENTCO CORP. (FURNITURE)	2/1/1988
ME-10	0909048	HUDSON MED. PROD(wheelchair)	2/1/1988
ME-10	0909055	KENTCO CORP. (ARTWORK)	2/1/1988
ME-10	0909049	HUDSON MEDICAL (CHAIRS)	3/1/1988
ME-20	0909125	AMSCO (BED PAN FLUSHERS)	5/1/1988
ME-20	0909126	KENTCO CORP. (DNS DESK)	8/1/1988
ME-20	0909127	ROSE CITY (INSTALL BED PAN WASH	11/1/1988
ME-8	0909037	SANITARY (FLOOR BUFFER)	11/1/1989
ME-15	0909102	KENTCO (FURNITURE)	5/1/1990
ME-15	0909103	HUDSON MED. (RECLINER)	9/1/1990
ME-10	0909056	FRAME KING (ART WORK)	9/1/1990
ME-20	0909128	EASTERN BAG & PAPER (STORAGE F	2/1/1991
ME-15	0909104	FOSTER MEDICAL (SCALE & LIFTER)	2/1/1991
ME-15	0909105	VICTOR ROME (CUBICLE CURTAINS)	4/1/1991
ME-5	0909012	NORTHEAST (COPIER)	10/1/1991
ME-3	0909009	MARVIN (LAWN TRACTOR)	8/1/1992
ME-10	0909057	Kessler(Ultrisound Machine)	11/1/1992
ME-10	0909058	Daniels(Commerical Washing Machine)	1/1/1993
ME-10	0909059	Medline(Transportation)	6/1/1993
ME-10	0909060	Medline(Furniture)	6/1/1993
ME-5	0909013	Keith's(Air Conditioners)	7/1/1993
ME-10	0909061	Huntco(Furniture)	9/1/1993
ME-10	0909062	Foster(Whirlpool)	9/1/1993
ME-10	0909063	Sales Tax(Bed side stands)	9/1/1993
ME-10	0909064	Huntco(Furniture)	9/1/1993
ME-10	0909065	Huntco(Freight)	11/1/1993
ME-10	0909066	Huntco(Furniture)	2/1/1994
ME-10	0909067	Huntco(Freight)	2/1/1994
ME-8	0909038	VACUUM CLEANER (RO-VIC)	1/1/1995
ME-10	0909068	HOYER LIFT (MEDICAL OUTPATIENT	2/1/1995
ME-10	0909069	HOYER LIFT (SLING) {MOS}	3/1/1995
ME-5	0909014	MITA 3055 COPIER	4/1/1996
ME-5	0909015	PATIENT RM A/C	5/1/1996
ME-15	0909106	A/C MIX VALVES (COLONIAL)	6/1/1996
ME-15	0909107	MATTRESSES (HILL ROM)	12/1/1996
ME-20	0909129	2 CHART RACKS (CARSTENS)	1/1/1997
ME-20	0909130	5 COMFORTLINE MATTRESSES (HILL	2/1/1997
ME-5	0909016	SNOWBLOWER (DH MARVIN)	12/1/1997
ME-5	0909017	VACCUUM (RO-VIC)	6/1/1998
ME-20	0909131	HOT WATER TANK (SHETUCKET)	7/1/1998

ME-10	0909070	WHEELCHAIR SCALE (SCALETRON)	7/1/1998
ME-10	0909071	REFRIDGE W\ TRAY (UNITED)	7/1/1998
ME-5	0909018	2 TRACER WHEELCHAIRS (DIRCT SU	8/1/1998
ME-5	0909019	HI-LOW LOMAX POWER BED (SIMMC	9/1/1998
ME-5	0909020	7 USED BEDS (MONTOWESE)	11/1/1998
ME-5	0909021	PATIENT ROOM FURN (RED LINE)	12/1/1998
ME-5	0909022	7 HEADBOARDS\FOOTBOARDS (AKI	2/1/1999
ME-5	0909023	ACCUMAX MATTRESS (REDLINE)	6/1/1999
ME-10	0909072	LAUNDRY DRYER (YANKEE)	9/1/1999
ME-8	0909039	versamatic/vacuum (Rovic)	2/1/2000
ME-10	0909073	booster (United East)	6/1/2000
ME-5	0909024	2 wheelchairs (ALCO Sales & Service Co.	8/1/2000
ME-10	0909075	power lift/scale/slings (Direct Supply H	8/1/2001
ME-10	0909076	20 qt. counter model mixer (Tri Mark Uni	11/1/2001
ME-15	0909108	36 overbed tables (Claflin)	1/1/2002
ME-10	0909077	install hand scanner (Precision Electric	7/1/2002
ME-15	0909109	36 dresser, 36 bedside cabinet, 36 head/	9/1/2002
ME-15	0909110	36 basic beds	9/1/2002
ME-10	0909078	53 prints (Architectural Woodworking)	9/1/2003
ME-10	0909079	RobotCoupe food processor (TriMark Unit	4/1/2004
ME-15	0909111	18 chairs for lounge (Duracase LLC)	10/1/2004
ME-10	0909080	plate warmer (Direct Supply)	6/1/2005
ME-10	0909081	Sara 3000 lift (ARJO, Inc.)	9/1/2005
ME-5	0909025	cisco router (JKS Systems, LLC)	9/1/2006
ME-5	0909026	network cable drops (A&R Communicatio	11/1/2006
ME-5	0909027	install router (JKS Systems, LLC)	12/1/2006
ME-10	0909082	washer/extractor (Yankee Equipment Syste	4/1/2007
ME-10	0909083	ice maker (Triple A)	4/1/2007
ME-10	0909084	triple bay laundry hampers (Direct Suppl	1/1/2008
ME-5	0909028	wireless pocket adapter (Tech Depot)	6/1/2008
ME-5	0909029	photocopier (Advanced Copy)	6/1/2008
ME-15	0909112	1st pmt. dressers, night stands, wardrob	10/1/2008
ME-5	0909030	corded telephone (Bernie's)	12/1/2008
ME-5	0909031	snowblower (DH Marvin)	12/1/2008
ME-15	0909113	parrallel bars (Sammons Preston)	12/1/2008
ME-15	0909114	electric bed (Direct Supply)	12/1/2008
ME-12	0909092	electric beds (Direct Supply)	12/1/2008
ME-5	0909032	8 television sets (Best Buy)	2/1/2009
ME-15	0909115	2nd pmt. dressers, nightstands, wardrobe	2/1/2009
ME-15	0909116	work table (Sammons Preston)	4/1/2009

ME-10	0909085	muscle stimulator machine (Sammons Pres	4/1/2009
ME-10	0909086	cold pack freezer (Sammons Preston	4/1/2009
ME-10	0909087	staircase (Sammons Preston)	4/1/2009
ME-5	0909033	52" tv and wii game system (Wal-Mart)	5/1/2009
ME-15	0909117	swivel chair (WB Mason)	5/1/2009
ME-12	0909093	electric bed (Direct Supply)	5/1/2009
ME-10	0909088	refrigerator, microwave and electric ran	5/1/2009
ME-15	0909118	3rd pmt. dressers, nightstands, wardrobe	7/1/2009
ME-15	0909119	final pmt. dressers, nightstands, wardro	7/1/2009
ME-10	0909089	hydrocollator model (Sammons Preston)	10/1/2009
ME-15	0909120	arm chairs 50% dwnpmt.(Kwalu)	11/1/2009
ME-15	0909121	arm chairs final pmt.(Kwalu)	11/1/2009
ME-15	0909122	automatic overbed table (Claflin Medical	12/1/2009
ME-10	0909090	refrigerator (Sid Miller's Appliance)	12/1/2009
ME-10	0909091	bariatric platform mat (Sammons Preston)	12/1/2009
ME-10	0909345	Portable Hot Food Table	1/29/2010
ME-10	0909346	Patient Sling	1/29/2010
ME-10	0909344	Patient Lift	2/19/2010
ME-10	0909359	Air Pressure Mattress	4/9/2010
ME-12	0909358	Electric Bed	8/27/2010
ME-05	0909360	Floor Machine	9/13/2010
ME-15	0909364	Chairs	10/22/2010
ME-5	0909363	Photocopier	10/25/2010
ME-10	0909366	AED Machine	11/10/2010
ME-15	0909378	Wardrobe Units	1/21/2011
ME-5	0909379	LCD TVs	3/3/2011
ME-5	0909385	32" Samsung LCD TVs	3/3/2011
ME-5	0909381	Flat Screen TV Mounts	3/28/2011
ME-5	0909382	Scanner	4/11/2011
ME-8	0909383	Carpet Cleaner	4/22/2011
ME-10	0909384	Gas Grill and Propane Tank	5/6/2011
ME-12	0909392	Hi-Lo Electric Bed	6/30/2011
ME-12	0909391	Electric Beds	7/26/2011
ME-12	0909394	Electric Bed w/ Assist Rails	7/29/2011
ME-5	0909396	Bedsreads	8/23/2011
ME-5	0909397	Notebook Computer	9/14/2011
ME-5	0909398	Photo ID Badge Printing Kit	9/27/2011
ME-5	0909411	Patient Lift Repairs	10/1/2011
ME-15	0909400	Electric Bed w/ rails, head/footboards	10/11/2011
ME-5	0909403	Portable Wheelchair Scale	10/24/2011

ME-10	0909402	Food Processor	10/25/2011
ME-12	0909406	1st & 2nd Pmts. Electric Bed and Rails	11/3/2011
ME-12	0909407	3rd Pmt - Head/Footboards - Electric Bed	11/30/2011
ME-10	0912007	Patient Charts	3/15/2012
ME-5	0912003	Motor for 50lb Washer	4/18/2012
ME-10	0912016	75lb Dryer(Yankee Equipment Systems)	10/9/2012
ME-10	0912016A	Remaining Balance Due on 75lb Dryer	11/15/2012
ME-12	0913019	Electric Bed(Direct Supply)	1/11/2013
ME-10	0913023	broda chair	4/30/2013
ME-10	0913022	broda chair	5/1/2013
ME-12	0913026	2 electric beds (first choice med supply	7/1/2013
ME-15	0913024	mobile file cabinet (4)	9/27/2013
ME-10	0913025	ice machine	9/27/2013
ME-5	0913027	Delux 28 Snow Thrower	11/25/2013
ME-10	0914028	EXERCISER CROSS TRAIN (PATTERS	12/18/2014
ME-10	0915030	45 # WASHER DEPOSIT (YANKEE LAI	1/20/2015
ME-10	0915030B	45# WASHER (YANKEE LAUNDRY)	1/20/2015
ME-5	0915036	Install Wireless Network Controllers	2/20/2015
ME-5	0915034	FLOOR SCRUBBER (HILLYARD)	2/26/2015
ME-10	0915037	Payroll System Upgrade-Time Clocks	3/19/2015
ME-10	0915037A	Payroll System Upgrade-Time Clocks	3/19/2015
ME-15	0915035	15 High Back Chairs for Resident Rooms	3/31/2015
ME-5	0916040	Wiring Equipment for POC Implementatio	4/18/2016
ME-5	0916040A	Wiring Equipment for POC Implementatio	4/18/2016
ME-5	0916040B	Wiring Equipment for POC Implementatio	4/18/2016
ME-5	0916040C	Wiring Equipment for POC Implementatio	4/18/2016
ME-5	0916041	11 Kiosks for POC Implementation	5/11/2016
ME-5	0916041A	11 Kiosks for POC Implementation	5/11/2016
ME-5	0916041B	11 Kiosks for POC Implementation	5/11/2016
ME-5	0916041C	11 Kiosks for POC Implementation	5/11/2016
ME-5	0916041D	11 Kiosks for POC Implementation	5/11/2016
ME-5	0916036A	Install Wireless Network Controllers	6/30/2016

Moveable Equipment as of 09/30/16

Depreciation 10/1/15 - 9/30/16

Cost Report Adjustments

Reclass Prior Years

Garbage Disposal

Payroll Equipment

Total Adjusted Balance 9/30/16

Prior Period
Retired (See Attached)
Current Period

Asset Class	Asset ID	Asset Description	Service Date
Leasehold Improvements			
LHI-25	0909336	ROSE CITY CONSTRUCTION \$700/ PE	3/1/1987
LHI-15	0909245	METAL SPEC. (DIETARY EX. SYS.)	10/1/1987
LHI-20	0909303	MONTAGNO (WIRING FOR SUMP PUM	11/1/1989
LHI-10	0909191	REPLACE NURSE CALL SYSTEM.	11/1/1989
LHI-10	0909192	ROSE CITY (BACK HOE)	11/1/1989
LHI-10	0909193	EES CORP. (NEW SUMP PUMP)	11/1/1989
LHI-15	0909246	ROSE CITY (CONCRETE FLOOR)	1/1/1990
LHI-15	0909247	GRAINGER (WATER ELEC. HEATER)	9/1/1990
LHI-15	0909248	Y+M SERV. (WATER HTR. INSTALL.)	9/1/1990
LHI-10	0909195	YOST HOME (INSTALL GUTTERS)	2/1/1991
LHI-20	0909304	PROCKO ELEC. (ELECTRICAL PANEL	4/1/1991
LHI-15	0909249	PROCKO ELEC. (INSTALL H.W.T.)	4/1/1991
LHI-15	0909250	ROSE CITY (INSTALL H.W.T.)	4/1/1991
LHI-10	0909196	LEBLANC LANDSCAPING (LANDSCA	4/1/1991
LHI-18	0909301	CAREFREE BUILDERS (STORAGE BU.	5/1/1991
LHI-15	0909252	PRATT GEN CONT/G. MACOMBER (C	6/1/1991
LHI-15	0909253	DAVID MARKOWITZ (ATTNY E.E.S. C	6/1/1991
LHI-15	0909254	TOWN CLERK (COLCHESTER)	6/1/1991
LHI-15	0909255	PEARSON, BAUM, WIENSTIEN (COST	6/1/1991
LHI-18	0909302	CAREFREE BUILDERS (STORAGE BU.	7/1/1991
LHI-15	0909251	BUILDERS HARDWARE (STEEL DOOI	7/1/1991
LHI-5	0909133	QUALITY REFRIG.(A/C UNIT INSTALI	7/1/1992
LHI-10	0909197	Associated(Door Alarms)	11/1/1992
LHI-20	0909305	Corona(Electrical)	11/1/1993
LHI-10	0909198	Builder's(Fire Doors)	1/1/1994
LHI-15	0909256	Hendel's(Hot Water Heaters)	2/1/1994
LHI-15	0909257	Michaud(A/C)	7/1/1994
LHI-15	0909258	Michaud(A/C)	7/1/1994
LHI-15	0909259	Michaud(A/C)	7/1/1994

LHI-10	0909199	Fire Prote(Fire Panels)	7/1/1994
LHI-10	0909200	Paving (Webster & Son)	10/1/1996
LHI-20	0909306	Roof Dining Room (Allied)	4/1/1997
LHI-10	0909201	Duct Blower (HVAC REPAIR)	7/1/1997
LHI-20	0909307	P.T. room renovation (Various vendors)	4/1/1998
LHI-10	0909202	Exterior Door (Park Roway)	11/1/1998
LHI-15	0909260	Fire System Dialer (FPT)	7/1/1999
LHI-20	0909308	PVC pipe-grease trap (Various)	8/1/1999
LHI-15	0909261	backflow preventer (FPT)	10/1/1999
LHI-20	0909309	roof (LS Remodeling)	11/1/1999
LHI-15	0909262	magnetic door lock (Precision Electrical	11/1/1999
LHI-17	0909299	Powers mixing valve (Maruzo Plumbing &	1/1/2000
LHI-15	0909263	concrete sidewalk (Roger Palmer Foundati	5/1/2000
LHI-15	0909264	magnetic door locks (Precision)	6/1/2000
LHI-20	0909310	plumbing repairs (Elite Kitchen Service	8/1/2000
LHI-15	0909265	fire alarm repairs (Fire Protection Test	9/1/2000
LHI-20	0909311	shower room repairs (Caligary, Home Depo	1/1/2001
LHI-10	0909203	atrium window (Middletown Plate Glass C	5/1/2001
LHI-25	0909337	sewer pipe replacement (Shoreline Sewer	6/1/2001
LHI-20	0909312	tempering valve/hot water (Maruzo Plumbi	8/1/2001
LHI-15	0909266	compressor/fan motor a/c repairs (HVAC I	8/1/2001
LHI-15	0909267	replace boiler flue (Hipoint Heating & C	9/1/2001
LHI-20	0909313	quarry tile (Commercial Flooring Concept	2/1/2002
LHI-20	0909314	12 tiles (Home Depot)	2/1/2002
LHI-20	0909315	drywall/supplies (Home Depot)	2/1/2002
LHI-20	0909316	misc supplies/tile, etc. (Home Depot)	2/1/2002
LHI-20	0909317	plumbing supplies (Hope Plumbing Specia	2/1/2002
LHI-20	0909318	plumbing work (Maruzo Plumbing & Heat	2/1/2002
LHI-20	0909319	tile (Home Depot)	2/1/2002
LHI-20	0909320	drywall/screws (Rt. 85 Lumber, Inc.)	2/1/2002
LHI-20	0909321	wire outlets, steam table (Precision Ele	2/1/2002
LHI-20	0909322	wire range (Precision Electrical)	2/1/2002
LHI-10	0909204	22 smoke detectors (FPT, Inc.)	2/1/2002
LHI-10	0909205	century tub (Invacare Continuing Care Gr	4/1/2002
LHI-5	0909134	replace mixing valve (Shetucket Supply C	7/1/2002
LHI-5	0909135	digital prints	9/1/2002
LHI-5	0909136	digital prints	9/1/2002
LHI-5	0909137	renovation supplies	9/1/2002
LHI-5	0909138	carpet/floor materials stored at warehou	9/1/2002
LHI-5	0909139	shower chair	9/1/2002

LHI-5	0909140	wire tracker, twist connector	9/1/2002
LHI-5	0909141	octron	9/1/2002
LHI-5	0909142	124 fluorescent bulbs	9/1/2002
LHI-5	0909143	12 fluorescent bulbs	9/1/2002
LHI-5	0909144	misc supplies	9/1/2002
LHI-5	0909145	misc supplies	9/1/2002
LHI-5	0909146	misc supplies	9/1/2002
LHI-5	0909147	misc supplies	9/1/2002
LHI-5	0909148	misc supplies	9/1/2002
LHI-5	0909149	misc supplies	9/1/2002
LHI-5	0909150	wood trim for countertop - PT area	9/1/2002
LHI-5	0909151	misc supplies	9/1/2002
LHI-5	0909152	misc supplies	9/1/2002
LHI-5	0909153	computer cable installed in renovated ar	9/1/2002
LHI-5	0909154	moved call bell system	9/1/2002
LHI-5	0909155	misc supplies	9/1/2002
LHI-5	0909156	misc supplies	9/1/2002
LHI-5	0909157	misc supplies	9/1/2002
LHI-5	0909158	misc supplies	9/1/2002
LHI-5	0909159	misc supplies	9/1/2002
LHI-5	0909160	misc supplies	9/1/2002
LHI-5	0909161	misc supplies for walls	9/1/2002
LHI-5	0909162	wallpaper	9/1/2002
LHI-5	0909163	wallpaper	9/1/2002
LHI-15	0909242	facility sign deposit (Connecticut Signc	9/1/2002
LHI-15	0909243	misc signs	9/1/2002
LHI-15	0909268	roof top compressor (HVAC Repair)	9/1/2002
LHI-15	0909269	architectural/structural consulting	9/1/2002
LHI-15	0909270	consulting services	9/1/2002
LHI-15	0909271	contractor's application for payment	9/1/2002
LHI-15	0909272	contractor's application for payment	9/1/2002
LHI-15	0909273	contractor's application for payment	9/1/2002
LHI-15	0909274	contractor's application for payment	9/1/2002
LHI-10	0909206	water closet with sink	9/1/2002
LHI-10	0909207	68 fluorescent lighting fixtures	9/1/2002
LHI-10	0909208	curtain rods & supplies	9/1/2002
LHI-10	0909209	curtain rods & supplies	9/1/2002
LHI-10	0909210	paving parking lot, patio, entrance ramp	9/1/2002
LHI-10	0909211	install 68 fluorescent fixtures, hallway	9/1/2002
LHI-10	0909212	parking lot	9/1/2002

LHI-15	0909244	facility sign balance (Connecticut Signc	11/1/2002
LHI-15	0909275	design consulting services (Design Resou	12/1/2002
LHI-5	0909164	valances (Design Resource Group)	3/1/2003
LHI-5	0909165	paint, paint supplies (The Home Depot)	6/1/2003
LHI-5	0909166	paint, plumbing plate, nails (The Home D	7/1/2003
LHI-5	0909167	miscellaneous supplies	9/1/2003
LHI-5	0909168	miscellaneous supplies	9/1/2003
LHI-5	0909169	miscellaneous supplies	9/1/2003
LHI-5	0909170	miscellaneous supplies	9/1/2003
LHI-5	0909171	miscellaneous supplies	9/1/2003
LHI-5	0909172	miscellaneous supplies	9/1/2003
LHI-5	0909173	wall base, wall plates, misc supplies	9/1/2003
LHI-5	0909174	paint and supplies	9/1/2003
LHI-5	0909175	ceiling finish	9/1/2003
LHI-5	0909176	miscellaneous supplies for ceiling	9/1/2003
LHI-5	0909177	popcorn sprayer	9/1/2003
LHI-5	0909178	remove unsuitable sand base, replace pro	9/1/2003
LHI-5	0909179	flooring-WIP (Commercial Flooring Conce	9/1/2003
LHI-10	0909213	sprinkler system repair (Fire Protection	9/1/2003
LHI-10	0909214	progress payment	9/1/2003
LHI-10	0909215	progress payment	9/1/2003
LHI-5	0909180	*duct work (HVAC Repair)	10/1/2003
LHI-5	0909181	electrical workmaterials (Precision Elec	12/1/2003
LHI-17	0909300	heating unit HVAC (HVAC Repair)	3/1/2004
LHI-15	0909276	water heater (Nutmeg Winlectric Co)	3/1/2004
LHI-10	0909216	sprinkler system-upgrade (Fire Protectio	4/1/2004
LHI-10	0909217	sprinkler system-modification (Fire Prot	7/1/2004
LHI-20	0909323	replace sewer pipe (Shoreline Sewer and	8/1/2004
LHI-20	0909324	main sewer line (Shoreline Sewer and Dra	9/1/2004
LHI-10	0909218	roof repairs (Allied Roofing)	9/1/2004
LHI-10	0909219	generator repairs (Precision Electrical	10/1/2004
LHI-10	0909220	generator repairs (Cummins Metropower, I	10/1/2004
LHI-15	0909277	magnetic locks (Precision Electrical Con	12/1/2004
LHI-10	0909221	install fire doors (Classic Construction	12/1/2004
LHI-10	0909222	100 gal water heater (Hendel's Petroleum	11/1/2006
LHI-15	0909278	new 14" columns (Classic Construction)	6/1/2007
LHI-5	0909182	paint (Curreir Painting LLC)	9/1/2007
LHI-15	0909279	hot water tank (Perfectemp)	9/1/2007
LHI-15	0909280	heating repairs- A Wing hall (Perfectemp	1/1/2008
LHI-15	0909281	HVAC system repairs (Perfectemp)	2/1/2008

LHI-15	0909282	HVAC system repairs (Perfectemp)	3/1/2008
LHI-5	0909183	curtains (Medline)	6/1/2008
LHI-5	0909184	evaporator coil (Perfectemp)	6/1/2008
LHI-15	0909283	condensor (Perfectemp)	6/1/2008
LHI-25	0909338	sprinkler (Fire Protection Testing)	7/1/2008
LHI-7	0909188	parker bath (Arjo)	8/1/2008
LHI-20	0909325	boiler repairs (Perfectemp)	8/1/2008
LHI-10	0909223	phone system (Data Tel, LLC)	8/1/2008
LHI-10	0909224	phone system 30% dwnpmt (Total Commu	8/1/2008
LHI-25	0909339	sprinkler (Fire Protection Testing)	9/1/2008
LHI-15	0909284	design consulting (Design Resource Group	9/1/2008
LHI-20	0909349	Manual reset - boiler	9/17/2008
LHI-10	0909225	cable for phone (Data Tel, LLC)	10/1/2008
LHI-10	0909226	door (IDN-Hardware Sales, Inc.)	10/1/2008
LHI-10	0909227	door (IDN-Hardware Sales, Inc.)	10/1/2008
LHI-10	0909228	door (IDN-Hardware Sales, Inc.)	10/1/2008
LHI-10	0909229	door (IDN-Hardware Sales, Inc.)	10/1/2008
LHI-10	0909230	door (IDN-Hardware Sales, Inc.)	10/1/2008
LHI-15	0909285	fire alarm equipment (Precision Electric	1/1/2009
LHI-15	0909286	ceiling heat/lighting (Precision Electri	1/1/2009
LHI-10	0909231	entry lever & master keying (IDN-Hardwai	1/1/2009
LHI-10	0909232	telephone system (Total Communications)	1/1/2009
LHI-10	0909233	interoptic cabling (Total Communications	2/1/2009
LHI-10	0909234	outlets and cable tv jacks (Precision El	2/1/2009
LHI-25	0909340	sprinkler system (Simplex Grinnell)	3/1/2009
LHI-25	0909341	sprinkler system (Simplex Grinnell)	3/1/2009
LHI-25	0909342	sprinkler system (Simplex Grinnell)	3/1/2009
LHI-25	0909343	sprinkler system (Simplex Grinnell)	3/1/2009
LHI-10	0909235	signs dwnpmt. (Connecticut Sign Craft)	4/1/2009
LHI-20	0909326	service sink (Direct Supply)	5/1/2009
LHI-10	0909236	signs final pmt. (Connecticut Sign Craft	6/1/2009
LHI-10	0909237	vinyl tiles (Antonio Palomo DBA Antonio'	6/1/2009
LHI-10	0909350	Surge Supressor - Fire Panel	8/31/2009
LHI-5	0909185	window treatments and hardware (Design I	9/1/2009
LHI-5	0909186	paint (Sherwin Williams)	9/1/2009
LHI-5	0909187	window treatments (Design Resource Grou	9/1/2009
LHI-20	0909327	vectoring service (Ridgeway's)	9/1/2009
LHI-20	0909328	drawings for renovations (Ridgeways)	9/1/2009
LHI-20	0909329	renovation (Done Construction)	9/1/2009
LHI-20	0909330	renovation (Done Construction)	9/1/2009

LHI-20	0909331	renovation (Done Construction)	9/1/2009
LHI-20	0909332	ceramic tile (Karndean International)	9/1/2009
LHI-20	0909333	tile (Karndean International)	9/1/2009
LHI-20	0909334	renovation (Done Construction)	9/1/2009
LHI-20	0909335	renovation (Done Construction)	9/1/2009
LHI-15	0909287	architectural and engineering Services (9/1/2009
LHI-15	0909288	architectural and engineering Services (9/1/2009
LHI-15	0909289	design Consulting Services (Design Resou	9/1/2009
LHI-15	0909290	Engineering (Kenyon & Kutler)	9/1/2009
LHI-15	0909291	Engineering (Kenyon Kutler)	9/1/2009
LHI-15	0909292	printing permits (Kenyon & Kutler)	9/1/2009
LHI-15	0909293	design Consulting Services (Design Resou	9/1/2009
LHI-15	0909294	design Consulting Services (Design Resou	9/1/2009
LHI-15	0909295	millwork (Bestflor Distributors, Inc.)	9/1/2009
LHI-15	0909296	design Consulting (Design Resource Group	9/1/2009
LHI-15	0909297	design consulting services (Design Resou	9/1/2009
LHI-10	0909238	vinyl flooring (Karndean International)	9/1/2009
LHI-10	0909239	2 mirrors (Design Resource Group)	9/1/2009
LHI-10	0909240	artwork (Design Resource Group)	9/1/2009
LHI-15	0909351	Heat Exchanger	9/28/2009
LHI-15	0909298	flooring, millwork (Antonios Carpet Inst	10/1/2009
LHI-10	0909241	hot water mixing valve (Done Constructio	10/1/2009
LHI-10	0909355	Ceiling heat and light	1/22/2010
LHI-10	0909356	Ceiling Heat and Light	1/22/2010
LHI-10	0909357	Heat Fan	1/22/2010
LHI-15	0909347	Nurses Station	3/5/2010
LHI-20	0909352	Plumbing - Relocate Sink	3/10/2010
LHI-15	0909348	Delivery Charges - Nurses Station	4/4/2010
LHI-10	0909354	Burners - Heating System	5/4/2010
LHI-20	0909361	Electrical Circuits in Nourishment Room	5/11/2010
LHI-5	0909373	Cubicle Curtains	10/1/2010
LHI-15	0909369	Design Consulting Services - Renovation	10/1/2010
LHI-15	0909372	Design Consulting Services	10/1/2010
LHI-10	0909371	Mirrors, light fixtures	10/1/2010
LHI-25	0909362	Water Drainage	10/22/2010
LHI-15	0909370	Electrical Permit - Renovation	11/4/2010
LHI-15	0909377	Move Electrical Panel	11/11/2010
LHI-5	0909365	Excavate and Repair Sinkhole, Sidewalk	11/29/2010
LHI-10	0909376	Flooring - Patient Room	12/7/2010
LHI-10	0909380	50 % install. Satellite TV	4/1/2011

LHI-10	0909387	Satellite TV - 1st Install.	5/1/2011
LHI-10	0909386	50 % Dwnpmt Gutters	6/1/2011
LHI-10	0909388	Satellite TV - 2nd Install.	6/27/2011
LHI-10	0909389	Satellite TV - 3rd Install.	7/1/2011
LHI-10	0909395	Satellite TV 4th Install.	8/5/2011
LHI-10	0909393	White Gutters w/ downspouts	8/12/2011
LHI-15	0909399	Design Consulting Services	9/26/2011
LHI-10	0909401	Satellite TV - 5th Install	10/1/2011
LHI-10	0909409	Bearing Assembly Pump #2	10/1/2011
LHI-10	0909404	Satellite TV 6th Install.	10/5/2011
LHI-5	0909410	Generator Repairs	10/21/2011
LHI-10	0909405	Satellite TV 7th Install.	11/5/2011
LHI-10	0909408	Satellite TV	12/5/2011
LHI-5	0912004	Window Treatments	1/1/2012
LHI-10	0912006	Air Maintenance Device	1/1/2012
LHI-10	0912001	Satellite TV 9th Install.	1/5/2012
LHI-10	0912002	Satellite TV 10th Install.	2/3/2012
LHI-12	0912008	Air compressor in dining room	6/25/2012
LHI-12	0912009	air compressor, rplc liquid line dryer	7/20/2012
LHI-10	0912010	air conditioning replacement deposit	7/23/2012
LHI-10	0912011	air conditioning replacement 2nd payment	7/23/2012
LHI-10	0912012	air conditionioing replacement final pymt	7/23/2012
LHI-5	0912013	remove underground diesal tank	9/14/2012
LHI-10	0912018	Install of new line on Sprinkler System	10/17/2012
LHI-5	0912013A	remove underground diesal tank 2nd pymt	11/30/2012
LHI-10	0912017B	Replace Heat Exchanger & Ignition Cont	12/3/2012
LHI-10	0912017	Replace Heat Exchanger & Ignition Cont	12/4/2012
LHI-10	0912017A	Replace Heat Exchanger & Ignition Cont	12/5/2012
LHI-10	0913017C	Replace Heat Exchanger & Ignition Cont	1/15/2013
LHI-5	0913021	repair disinfection for tub	7/9/2013
LHI-15	0914029	HEAT/COOL ROOFTOP UNIT (PERFEC	9/5/2014
LHI-20	0915031	CERAMIC TILE FLOOR PROJECT (KAI	1/30/2015
LHI-20	0915032	CERAMIC FLOOR PROJECT (KARNDE	1/30/2015
LHI-20	0915033	CERAMIC FLOOR PROJECT (ANTONIK	2/19/2015
LHI-10	0915038	Roof Repair on Dementia Unit	9/24/2015
LHI-10	0915038A	Roof Repair on Dementia Unit-Rem Balan	9/24/2015
LHI-10	0915039	Dry Pipe Valve for Sprinkler System	9/30/2015

Leasehold Improvements as of 09/30/16

Total Depreciation 10/1/15 - 9/30/16

Cost Report Adjustments

0909245 METAL SPEC. (DIETAR

RE 28000

AP Other

Total Adjusted Balance 9/30/16

Prior Period

Retired (See Attached)

Current Period

Cost	Depreciation 10/01/15 - 12/31/15	Depreciation 01/01/16 - 9/30/16	
5,729.94	0.00	0.00	
7,209.20	0.00	0.00	
3,862.64	0.00	0.00	
2,856.70	0.00	0.00	
1,174.50	0.00	0.00	
2,485.15	0.00	0.00	
2,931.21	73.25	219.87	
558.94	13.95	41.94	
2,120.00	52.97	159.03	
4,995.00	124.83	374.67	
33,923.28	265.00	795.51	
		1,060.51	

\$10,288.75		\$0.00	
(\$2,485.15)		\$0.00	
\$8,000.00		\$0.00	
\$49,726.88		\$1,060.51	
\$49,726.88		\$1,060.51	
\$0.00		\$0.00	
\$0.00		\$0.00	

Cost	Depreciation 10/01/15 - 12/31/15	Depreciation 01/01/16 - 9/30/16	
39,271.00	0.00	0.00	
1,720.00	0.00	0.00	
1,216.80	0.00	0.00	
4,647.23	0.00	0.00	
3,354.00	0.00	0.00	
62.35	0.00	0.00	
5,361.88	0.00	0.00	

22,831.92	0.00	0.00
384.85	0.00	0.00
2,338.56	0.00	0.00
1,455.22	0.00	0.00
6,288.75	0.00	0.00
482.68	0.00	0.00
4,000.00	0.00	0.00
1,074.60	0.00	0.00
1,836.00	0.00	0.00
494.18	0.00	0.00
800.00	0.00	0.00
680.40	0.00	0.00
1,674.00	0.00	0.00
822.00	0.00	0.00
4,473.59	0.00	0.00
2,299.14	0.00	0.00
1,058.38	0.00	0.00
4,794.50	0.00	0.00
228.00	0.00	0.00
4,690.97	0.00	0.00
1,902.70	0.00	0.00
2,094.58	0.00	0.00
2,856.70	0.00	0.00
507.32	0.00	0.00
6,360.72	0.00	0.00
616.67	0.00	0.00
807.30	0.00	0.00
122.40	0.00	0.00
663.51	0.00	0.00
1,230.00	0.00	0.00
374.10	0.00	0.00
8,501.20	0.00	0.00
662.50	0.00	0.00
1,582.88	0.00	0.00
1,502.55	0.00	0.00
1,917.02	23.94	71.91
1,502.55	18.79	56.34
1,270.94	0.00	0.00
629.64	0.00	0.00
861.03	10.74	32.31

2,140.00	0.00	0.00
3,226.58	0.00	0.00
523.52	0.00	0.00
936.25	0.00	0.00
700.00	0.00	0.00
517.09	0.00	0.00
798.79	0.00	0.00
1,144.80	0.00	0.00
2,226.00	0.00	0.00
816.62	0.00	0.00
917.75	0.00	0.00
528.00	0.00	0.00
2,713.04	0.00	0.00
2,098.80	0.00	0.00
3,599.31	59.95	180.00
699.60	0.00	0.00
28,021.00	467.04	1,401.03
14,728.32	245.51	736.38
5,001.08	0.00	0.00
1,346.20	0.00	0.00
6,034.20	100.60	301.68
1,725.50	0.00	0.00
3,720.13	0.00	0.00
3,801.27	0.00	0.00
667.80	0.00	0.00
757.50	0.00	0.00
6,265.66	156.68	469.89
2,215.89	55.36	166.23
1,272.98	31.81	95.49
70.38	0.00	0.00
7,401.34	0.00	0.00
8,558.02	142.67	427.86
805.20	0.00	0.00
1,058.94	0.00	0.00
922.20	15.40	46.08
801.02	13.35	40.05
11,247.70	234.32	702.99
4,368.04	0.00	0.00
8,558.02	142.67	427.86
880.69	14.70	44.01

4,010.93	100.31	300.78
1,576.80	39.42	118.26
540.60	13.47	40.59
2,243.97	0.00	0.00
974.99	16.22	48.78
942.33	19.67	58.86
1,462.77	36.57	109.71
8,558.02	142.67	427.86
2,852.66	47.53	142.65
887.24	22.21	66.51
6,491.20	108.21	324.54
6,491.20	108.21	324.54
1,387.92	23.14	69.39
444.60	11.07	33.39
3,392.00	84.77	254.43
1,967.44	49.14	147.60
1,482.21	37.07	111.15
4,439.70	110.97	333.00
906.19	22.67	67.95
899.93	18.74	56.25
1,024.38	0.00	0.00
1,083.27	18.04	54.18
2,862.00	0.00	0.00
1,471.90	36.76	110.43
5,321.20	88.71	266.04
8,382.48	419.11	838.23
1,329.24	66.50	132.92
711.28	35.61	71.11
168.74	8.46	16.87
3,133.36	97.91	293.76
858.58	21.51	64.35
1,552.43	32.35	97.02
3,201.01	66.68	200.07
4,836.76	100.75	302.31
1,148.58	57.46	114.84
260.64	13.07	26.06
1,453.81	72.69	145.39
1,195.13	59.75	119.50
1,119.72	18.67	55.98
2,453.70	122.64	245.37

3,438.51	86.00	257.85
1,032.89	21.54	64.53
86.83	1.84	5.40
1,929.02	48.18	144.72
2,163.95	108.16	324.63
1,927.59	48.22	144.54
2,709.27	67.71	203.22
1,318.16	27.50	82.35
3,300.00	82.50	247.50
3,300.00	82.50	247.50
2,168.07	108.44	325.17
1,169.85	19.49	58.50
2,415.18	60.35	181.17
1,062.44	53.10	159.39
5,359.72	134.03	401.94
3,568.04	46.98	267.57
3,568.04	46.98	267.57
265.13	7.69	39.78
4,854.28	144.07	728.10
1,233.02	19.61	92.52
1,196.44	19.06	89.73
4,466.70	49.48	223.38
135.14	0.00	8.69
291.70	0.00	18.80
50.55	0.00	3.26
736.59	0.00	47.43
229.01	0.00	13.94
403.59	0.00	24.60
31.98	0.00	1.96
63.32	0.00	3.84
16,319.41	0.00	994.24
976.29	0.00	49.08
465,414.16	5,365.69	17,113.68

22,479.37

(\$10,288.75)

\$2,485.15

\$3,638.00

\$461,248.56

\$0.00

\$0.00

\$0.00

\$22,479.37

\$442,010.98	\$21,313.53
\$0.00	\$0.00
\$19,237.58	\$1,165.84

Cost	Depreciation	
	10/01/15 - 12/31/15	01/01/16 - 9/30/16
3,525.00	0.00	0.00
8,000.00	0.00	0.00
11,674.96	0.00	0.00
580.78	0.00	0.00
415.00	0.00	0.00
745.96	0.00	0.00
3,000.00	0.00	0.00
596.18	0.00	0.00
1,820.02	0.00	0.00
1,273.32	0.00	0.00
3,775.57	0.00	0.00
366.87	0.00	0.00
325.00	0.00	0.00
2,160.00	0.00	0.00
3,240.00	0.00	0.00
96,815.22	0.00	0.00
28,184.78	0.00	0.00
10.00	0.00	0.00
225.00	0.00	0.00
1,145.50	0.00	0.00
885.92	0.00	0.00
6,598.50	0.00	0.00
3,328.40	0.00	0.00
1,876.20	0.00	0.00
1,271.68	0.00	0.00
3,286.00	0.00	0.00
7,750.00	0.00	0.00
7,750.00	0.00	0.00
15,500.00	0.00	0.00

2,664.84	0.00	0.00
7,750.00	0.00	0.00
28,620.00	357.75	1,073.25
2,293.84	0.00	0.00
1,215.99	15.17	45.63
1,413.13	0.00	0.00
795.00	0.00	0.00
993.36	12.41	37.26
3,341.12	0.00	0.00
74,730.84	934.12	2,802.42
795.00	0.00	0.00
835.28	12.32	36.81
742.00	0.00	0.00
795.00	0.00	0.00
732.99	9.20	27.45
4,609.41	0.00	0.00
940.22	11.73	35.28
2,036.44	0.00	0.00
5,925.40	59.27	177.75
1,262.40	15.78	47.34
2,558.03	42.65	85.24
5,600.00	93.34	186.69
5,962.50	74.57	223.56
36.63	0.48	1.35
133.50	1.64	5.04
843.70	10.51	31.68
154.97	1.90	5.85
212.00	2.68	7.92
12.21	0.16	0.45
66.42	0.80	2.52
720.80	9.04	27.00
506.39	6.33	18.99
2,541.88	0.00	0.00
13,613.69	0.00	0.00
2,314.85	0.00	0.00
326.11	0.00	0.00
206.57	0.00	0.00
180.60	0.00	0.00
25,000.00	0.00	0.00
248.34	0.00	0.00

85.79	0.00	0.00
46.38	0.00	0.00
766.30	0.00	0.00
74.16	0.00	0.00
58.97	0.00	0.00
224.62	0.00	0.00
50.82	0.00	0.00
87.75	0.00	0.00
79.99	0.00	0.00
64.54	0.00	0.00
12.72	0.00	0.00
329.87	0.00	0.00
108.29	0.00	0.00
411.15	0.00	0.00
1,743.70	0.00	0.00
392.93	0.00	0.00
641.42	0.00	0.00
404.35	0.00	0.00
241.12	0.00	0.00
124.35	0.00	0.00
93.47	0.00	0.00
75.53	0.00	0.00
2,478.00	0.00	0.00
238.63	0.00	0.00
1,272.00	0.00	0.00
373.12	0.00	0.00
2,152.32	35.85	107.64
1,448.75	24.13	72.45
300.00	4.97	15.03
27,102.50	451.70	1,355.13
42,272.50	704.52	2,113.65
31,240.95	520.69	1,562.04
33,467.05	557.77	1,673.37
191.35	0.00	0.00
4,180.64	0.00	0.00
65.49	0.00	0.00
77.69	0.00	0.00
4,000.00	0.00	0.00
3,243.60	0.00	0.00
15,000.00	0.00	0.00

1,272.00	0.00	0.00
600.00	10.03	29.97
1,229.60	0.00	0.00
610.80	0.00	0.00
439.48	0.00	0.00
225.27	0.00	0.00
232.85	0.00	0.00
305.80	0.00	0.00
173.30	0.00	0.00
177.01	0.00	0.00
65.15	0.00	0.00
144.48	0.00	0.00
279.42	0.00	0.00
147.55	0.00	0.00
80.06	0.00	0.00
56.71	0.00	0.00
5,026.44	0.00	0.00
18,672.00	0.00	0.00
1,821.10	0.00	0.00
15,000.00	0.00	0.00
9,000.00	0.00	0.00
1,537.00	0.00	0.00
1,090.74	0.00	0.00
1,572.46	23.11	69.39
812.23	13.56	40.59
3,633.70	0.00	0.00
3,038.66	0.00	0.00
8,692.00	108.62	325.98
9,553.78	119.40	358.29
1,664.27	0.00	0.00
3,383.20	0.00	0.00
2,173.28	0.00	0.00
7,597.50	126.61	379.89
12,000.00	0.00	0.00
6,519.00	162.93	325.95
12,730.00	212.19	636.48
7,621.40	0.00	0.00
2,902.00	48.39	145.08
6,331.00	105.54	316.53
876.04	14.57	43.83

1,013.42	16.89	50.67
907.68	0.00	0.00
2,889.56	0.00	0.00
3,880.64	64.67	194.04
2,093.50	20.92	62.82
14,495.84	0.00	0.00
2,095.36	26.20	78.57
7,054.04	176.38	529.02
912.60	22.77	68.49
3,368.68	33.68	101.07
320.00	5.31	16.02
1,295.27	16.16	48.60
339.20	8.45	25.47
284.46	7.12	21.33
284.46	7.12	21.33
284.46	7.12	21.33
284.46	7.12	21.33
433.34	10.84	32.49
764.00	12.77	38.16
1,035.62	17.29	51.75
695.89	17.39	52.20
1,265.90	31.64	94.95
1,070.60	26.78	80.28
2,968.00	74.23	222.57
3,289.82	32.86	98.73
18,857.21	188.55	565.74
41,823.98	418.27	1,254.69
868.14	8.72	26.01
1,417.75	35.49	106.29
997.43	12.43	37.44
1,417.75	35.49	106.29
4,533.09	113.29	340.02
1,778.03	44.42	133.38
1,931.40	0.00	0.00
1,430.62	0.00	0.00
669.00	0.00	0.00
31.79	0.42	1.17
90.57	1.11	3.42
12,423.87	155.26	465.93
26,385.95	329.84	989.46

2,329.76

24,328.99	304.12	912.33
2,328.90	29.15	87.30
5,555.81	69.44	208.35
28,598.30	357.48	1,072.44
18,863.85	235.79	707.40
4,000.00	66.69	199.98
4,134.21	68.88	206.73
160.00	2.66	8.01
400.00	6.69	19.98
1,286.20	21.40	64.35
70.08	1.16	3.51
280.00	4.63	14.04
460.00	7.63	23.04
425.36	7.12	21.24
312.00	5.23	15.57
384.00	6.43	19.17
6,506.33	162.65	487.98
84.78	2.09	6.39
936.68	23.38	70.29
2,275.83	37.96	113.76
5,746.26	95.80	287.28
979.98	24.47	73.53
1,035.62	25.89	77.67
1,014.42	25.39	76.05
929.62	23.21	69.75
8,294.50	138.25	414.72
1,396.31	17.44	52.38
265.00	4.44	13.23
1,215.48	30.38	91.17
1,458.83	18.22	54.72
2,760.24	138.05	276.02
266.67	4.97	13.32
300.00	4.46	15.03
449.44	11.19	33.75
2,104.10	21.07	63.09
200.00	3.34	9.99
10,605.27	176.74	530.28
9,285.60	298.83	333.82
591.48	14.78	44.37
4,499.70	112.47	337.50

374.98	9.42	28.08
1,145.00	28.64	85.86
374.98	9.42	28.08
374.98	9.42	28.08
374.98	9.42	28.08
2,295.00	57.33	172.17
240.00	4.03	11.97
374.98	9.42	28.08
1,492.28	37.27	111.96
374.98	9.42	28.08
1,408.65	70.41	140.86
374.98	9.42	28.08
374.98	9.42	28.08
1,916.85	95.82	287.55
1,895.16	47.41	142.11
374.98	9.42	28.08
374.98	9.42	28.08
1,382.70	28.83	86.40
3,208.01	66.81	200.52
2,615.00	65.39	196.11
2,615.00	65.39	196.11
1,300.00	32.53	97.47
5,553.98	277.67	833.13
2,329.76	58.29	174.69
5,538.33	276.88	830.79
95.72	2.37	7.20
657.08	16.39	49.32
528.41	13.24	39.60
2,982.00	74.55	223.65
2,273.94	113.69	341.10
21,967.00	366.11	1,098.36
23,463.65	159.01	879.93
3,352.32	22.76	125.73
24,756.68	179.26	928.35
1,684.00	78.12	126.27
1,897.87	88.04	142.38
4,549.65	224.98	341.19
1,194,034.46	11,767.68	35,083.10
		46,850.78

(\$8,000.00)

\$15.60

(\$125,235.00)

\$1,060,815.06

\$1,052,683.54

\$0.00

\$8,131.52

\$0.00

\$0.00

\$0.00

\$46,850.78

\$45,849.80

\$0.00

\$1,000.98



2,345.36

15.60